

CONFIDENTIAL EMPLOYEE HISTORY

EMPLOYEE NAME		EMPLOYMENT DATE															STATUS		
Hooper, John W.		9-25-84															<input checked="" type="checkbox"/> REGULAR	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY
YEARS OF SERVICE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	SECURITY CLEARANCE		LEVEL		DATE GRANTED													

PAYROLL DATA

BIRTHDATE	SEX	SOCIAL SECURITY NO.	MARITAL STATUS	NAME OF SPOUSE	NO. OF CHILDREN
9-18-61	M	421-90-0925	M	Donna	—
FEDERAL WITHHOLDING:	EXEMPTIONS CLAIMED				
	ADDITIONAL AMOUNT WITHHELD				

DATE ELIGIBLE	DATE JOINED	DATE WITHDRAWN	INSURANCE	DATE ELIGIBLE	DATE JOINED	DATE WITHDRAWN
UNION STATUS	9-25-84		LIFE	9-25-84	9-25-84	
PENSION PLAN	9-25-84	9-25-84	MEDICAL - SELF	9-25-84	9-25-84	
CREDIT UNION	9-25-84		DEP.			
			MAJ. MED. - SELF	9-25-84	9-25-84	
			DEP.			

GENERAL INFORMATION

ADDRESS	CITY	STATE	ZIP	PHONE
Rt. 1, Box 122	FT. Deposit	AL	36032	227-8615
ADDRESS	CITY	STATE	ZIP	PHONE
Rt. 1, Box 27-A	Letohatchee	AL	36047	227-4790
ADDRESS	CITY	STATE	ZIP	PHONE

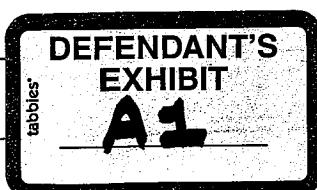
EMERGENCY NOTIFY	RELATIONSHIP	CITY	STATE	ZIP	PHONE
Hilda McGough	mother-in-law	Same	Same	Same	227-8615
	RELATIONSHIP	CITY	STATE	ZIP	PHONE

RELATIVES FOR FRIENDS EMPLOYED BY THIS CO.	NAMES	RELATIONSHIP	NAMES	RELATIONSHIP
	Gary McGough	brother-in-law		
	Larry Weldon	"		
	Mike McGough	"		

EDUCATION	ELEM. <input type="checkbox"/> JHS <input type="checkbox"/> SHS <input type="checkbox"/> 12th	SPECIAL SKILLS OR TRAINING
	COLLEGE 1 2 3 4 MAJOR _____	
	OTHER _____	

TERMINATION RECORD

<input type="checkbox"/> RESIGNATION	REASON
DATE	
<input type="checkbox"/> DISMISSAL	REASON
DATE	
RECOMMENDED	REASON



Form 10

CITY AND COUNTY OF MONTGOMERY
PERSONNEL DEPARTMENT
RECOMMENDATION FOR PERSONNEL ACTION

Submit in Triplicate

Department/Division	Fleet Management - 4800	Date	5/7/04
Name of Employee	John W. Hooper	Effective Date	5/15/04
Social Security #	420-90-0925	Classification	Auto Mechanic
		Job Code	5243

Item 2 requires the signature of both department heads. Items 2, 3, 4, 5, 6, 15 require approval of Personnel Director before action is official. Items 3, 4, 5, 7 must have copy of letter to employee attached. Item 8 should have copy of letter of resignation.

1. Transfer within department	()	9. Retirement	(<input checked="" type="checkbox"/>)
2. Transfer to another department	()	10. Separation by death	()
3. Demotion	()	11. Expiration by Temporary Appointment	()
4. Layoff	()	12. Return Leave Without Pay	()
5. Dismissal	()	13. Return from Military Leave	()
6. Leave without pay	()	14. Change of Name	()
7. Suspension	()	15. Change in Salary	()
8. Resignation	()	16. other	()

ITEMS AFFECTED BY ACTION	FROM	TO
Department (items 1 & 2)		
Classification & Salary (items 1 2 3)		
Dates (items 6 & 7)		
Name (Item 14)		
Amount (Item 15)		
Other (Item 16)	<i>John W. Hooper</i>	<i>MAY 11 2004</i>
Funds are available		Date
	Disbursing Officer	

Explanation and remarks (Give reason for any action which is not self-explanatory)

Mr. Hooper will be retiring effective May 15, 2004 for medical reasons.

(Signed) 1. *Bobby T. Bright*

Date *MAY 10 2004*

Appointing Authority

2. *John W. Gaddie*

Date

May 7 2004

3. _____

Date

4. *Barbara M. Montoya*

Date

MAY 13 2004

Personnel Director

FORM 100

CITY PAYROLL DEPARTMENT

SUBMIT IN TRIPPLICATE

Section A To be completed for items 1, 2, 3, 15 & 16 on Form 10 and Promotion on Form 5

Dept./Div. Number 4800 Employee's Name John W. Hooper

FIRST M.I.

LAST

Effective Date 5/15/2004 Social Security Number: 420-90-0925

MO. DA. YR.

CURRENT CLASSIFICATION & SALARY 5243 S09 11
JOB CODE PAY RANGE STEP

NEW CLASSIFICATION & SALARY INFORMATION

NEW PAYROLL/DEPT#

IF APPLICABLE
REVIEW DATE FOR
NEXT INCREASE

(MO/DA/YR)

NEW JOB CODE

NEW PAY RANGE

NEW STEP

ITEM 15 NEW HOURLY RATE:

WKLY / BW

SCH. HOURS

IF ACTION INVOLVES A PAY OUT ON PAYROLL, WAS EMPLOYEE ADVANCED WORK TIME ON BI-WKLY 4/15/83
WEEKLY PAYROLL 4/8/83 OR BI-WEEKLY/WEEKLY 1985?

no

YES/NO

IF YES: HOW MANY HOURS WERE ADVANCED:

(1983) HOURS

(1985) HOURS

TOTAL 0.0 HOURS

AFTER TIME USED ON FINAL TIME SHEET, PAY REMAINING LEAVE BALANCES AS FOLLOWS:

ANNUAL LEAVE HOURS: 1.8

SICK LEAVE HOURS: 0.6 (1/2 Accrued)

COMPENSATORY HOURS 0.0

PERSONAL LEAVE HOURS: 0.0

TOTAL LEAVE HOURS: 2.4

LAST DAY IN PAY STATUS: 5/14/2004

Section B To be completed with Forms 3,5,8,9 & 40 or Re-employment on Form 10

DEPARTMENT/DIVISION NUMBER: VERIFIED SOCIAL SECURITY NUMBER

THE FOLLOWING PERSON HAS BEEN APPOINTED: TEMPORARY: PERMANENT:

NAME: FIRST: MI LAST EFFECTIVE DATE: (MO/DA/YR)

STREET ADDRESS CITY STATE ZIP PHONE NUMBER

RACE SEX MARITAL STATUS NO. OF DEPENDENTS BIRTHDAY

HOURLY RATE JOB CODE PAY RANGE STEP REVIEW DATE

PAID: WILL ACCRUE LEAVE: WILL PAY RETIREMENT:

WEEKLY YES YES

BI-WEEKLY NO NO

SCHEDULED HOURS PER PAY PERIOD: NON-SCHEDULED, PAID HOURS WORKED ONLY:

WAS EMPLOYEE PREVIOUSLY EMPLOYED BY THE CITY OF MONTGOMERY? PAID WKLY OR BW

YES/NO

PREVIOUS SERVICE

IF YES: DEPT # TERM. DATE MONTHS DAYS YEARS

REMARKS:



City of
Montgomery, Alabama

Employees' Retirement System

MEMORANDUM

TO: TERRY H GADDIS, DIRECTOR
FLEET MANAGEMENT DEPT

FROM: CLAIRE KING *CK*
ADMINISTRATOR

DATE: 04/16/04

SUBJECT: EMPLOYEE RETIREMENT

This is to inform you JOHN W HOOPER, has filed the necessary application with the Employees' Retirement System for their retirement to be effective 05/16/04. The last day for active status (work time, leave time or off days) will be 05/15/04.

4/16/04

To → Clare
King,
Retirement
and

Terry
Gaddis

April 15, 2004

grr

Mayor:

Attached is a disability retirement request of employee John Hooper. He is unable to work regularly at the garage, and I recommend his case be referred to the Retirement Board for possible disability retirement.

Attachment

JDD

grr

/rld

I spoke with Traci in the Retirement Office 4/19/04 and she says the next retirement board is scheduled to meet 12 May but she will schedule him to meet with our City Dr. Height prior to the Retirement Board Mtg. 8

MEMORANDUM

TO: Retirement Board
City of Montgomery

THRU: Mayor Bobby Bright
Mayor City of Montgomery

THRU: Mr. Jeff Downes
Executive Assistant to the Mayor

FROM: Mr. Terry H. Gaddis, Director
Fleet Management Department

DATE: 15 April 2004

SUBJECT: Recommendation for Medical Retirement for
Mr. John W. Hooper, SSAN: 421-90-0925

4/16/04
Approved to
forward to
R.B.

RR

I recommend consideration of a Medical Retirement for Mr. John W. Hooper.

I have attached a copy of a medical statement from his personal physician, A. Stuart Hendon, M.D. to substantiate this recommendation.

Mr. Hooper has exhausted all of his benefits under the Family Medical Leave Act as well as his annual, sick and compensatory leave with the City. He is constantly complaining that he is sick which prevents him from performing his assigned daily duties.

Mr. Hooper presently has 19 years and 6 months with the City of Montgomery.

THB/bw

1 Atch

Dr. A. Stuart Hendon's medical statement, dated 14 April 2004.

Montgomery Family Medicine, P. C.

Brian W. Elrod, M.D.
Eric W. Graves, M. D.
Jeffrey W. Mathis, M.D.
A. Stuart Hendon, M.D.
Daniel L. Moore, M.D.
P.O. Box 240369
8190 Seaton Place
Montgomery, Alabama 36124
Phone: (334) 396-9100
Fax: (334) 396-9110
www.MontgomeryFamMed.com

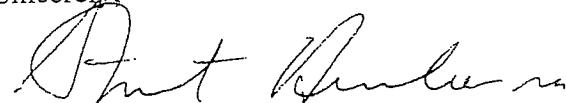
April 14, 2004

Dear Sir,

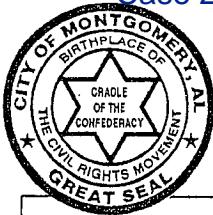
I have been the primary physician for John Hooper since February, 2003. I have noticed a rapid decline in Mr. Hooper's health since that time. His degenerative hip disease has rapidly progressed to the point he is physically unable to perform his job. His gastrointestinal problem, persistent nausea, has persisted despite aggressive therapy. His anxiety has calmed somewhat.

I understand Mr. Hooper plans to retire in 6 months. However, I feel an earlier retirement for medical medication would be appropriate. Currently his medical condition does not allow for full duty and it is my fear his incapitation will only worsen and persist.

Sincerely,



A. Stuart Hendon, M.D.
ASH/asp



City of Montgomery, Alabama

BOBBY N. BRIGHT
Mayor

MONTGOMERY CITY COUNCIL
MRS. ALICE D. REYNOLDS-Pres.
JAMES A. NUCKLES-Pres. Pro tem
WILLIE COOK
TERANCE D. DAWSON
CHARLES W. JINRIGHT

TRACY LARKIN
B. J. (BEN) MCNEILL
P. E. (PEP) PILGREEN
CHARLES W. SMITH

CERTIFIED MAIL

John Hooper
3555 US Highway 31
Latachaatchee, AL 36047

April 8, 2004

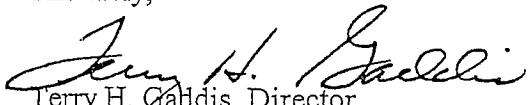
Dear John:

This letter is to serve as an official notification that your final date to be excused from duty under the provisions of the Family Medical Leave Act will be April 12, 2004. Since you have exhausted all of your accumulated leave and authorized 12 weeks leave provided under the Family Medical Leave Act, you must return to full duty status on April 13, 2004. If you fail to return to full duty status on April 13, 2004, I will have no choice but to initiate procedures for termination of your employment with the Fleet Management Department and the City of Montgomery.

While I am concerned about you, I must also be concerned about the hardship your continued absence is causing the other employees in your work center. It is essential that you attend work in order for the Fleet Management Department to maintain production requirements and accomplish our daily mission.

It is my sincere hope that you will be able to return to work on April 13, 2004. As always, I am available to talk with you about your employment status.

Sincerely,


Terry H. Gaddis, Director
Fleet Management

THG/lb

U.S. Postal Service 3800
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)
IS SECTION ON DELIVERY

		(Please Print Clearly)	B. Date of Delivery
		Hooper	4-9-04
TEER	LETOKHATCHEE AL 36047		
1203	Postage \$ 10.37		
0016	Certified Fee \$ 2.30		
0000	Return Receipt Fee (Endorsement Required) \$ 1.75		
0000	Restricted Delivery Fee (Endorsement Required) \$ 0.00		
0000	Total Postage & Fees \$ 4.42		
0520	Recipient's Name (Please Print Clearly) (To be completed by mailer)		
0000	John Hooper		
0000	Street, Apt. No., or P.O. Box No.		
0000	3555 Hwy 31		
0000	City, State, ZIP+4		
0000	Letokhatchee, AL 36047		
PS Form 3800, February 2000	See Reverse for Instructions		

23 Hooper

Address different from item 1? Yes
or delivery address below: No

Agent Address

Mail Express Mail
 Return Receipt for Merchandise
Mail C.O.D.

Delivery? (Extra Fee) Yes

612036831

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Montgomery Family Medicine, P. C.

Brian W. Elrod, M.D.

Eric W. Graves, M. D.

Jeffrey W. Mathis, M.D.

A. Stuart Hendon, M.D.

Daniel L. Moore, M.D.

P.O. Box 240369

8190 Seaton Place

Montgomery, Alabama 36124

Phone: (334) 396-9100

Fax: (334) 396-9110

www.MontgomeryFamMed.com

18
2/17/04
K
Albright AD
cc: Mr. Hooper
Personnel file

February 17, 2004

Dear Sir,

John Hooper has been treated in my office for severe panic attacks, abdominal pain, and chest pain since October 01, 2003. These symptoms intensified despite aggressive medical treatment. He is now improved with current medications. It is impossible to estimate the duration of his condition. He, at times, is unable to work at his position because of his medical problems.

It is medically necessary at times for him to be off work or excused from work. I can not estimate a duration of time this may occur. He is to return to my office in mid to late March for re-evaluation.

Sincerely,



A. Stuart Hendon, M.D.

ASH/asp



CITY SHOPS DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. John W. Hooper #397
FROM: Terry H. Gaddis, Director
City Shops Department
SUBJECT: Written Letter of Reprimand
DATE: 30 December 1997

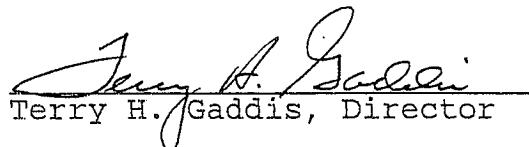
Mr. John W. Hooper, Employee Number 397, is being given a Written Reprimand for clocking out Badge Number 395 on the afternoon of 26 December 1997.

Operating Instruction No. 08 Paragraph 2 states that each individual is responsible for punching the time clock and it is not permissible for any person to clock in or out with a time card other than his own.

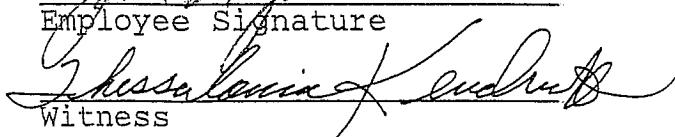
When Mr. Hooper was leaving at the end of his shift on Friday, 26 December 1997, he clocked out using the badge of another employee.

You are hereby reminded that receiving three (3) reprimands in a 180-day period for any violations in Paragraph 8 will result in a three-day suspension without pay. This is your first reprimand in this 180-day period. This 180-day period will end 24 June 1998.

THIS LETTER OF REPRIMAND HAS BEEN READ TO MR. HOOPER.


Terry H. Gaddis, Director


Employee Signature


Witness

BADGE: 393
 GROUP: 0630-1500-02
 EMP : WILKES, D

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
PERIOD TOTALS					0:00	0:00	0:00	0:00	0:00	0:00

BADGE: 395
 GROUP: 0700-1530-99
 EMP : MOSELEY, K

clocked by Hooper

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
12/26/97	15:25		15:25	15:25M	0:00	0:00	0:00	0:00	0:00	0:00
PERIOD TOTALS					0:00	0:00	0:00	0:00	0:00	0:00

BADGE: 397
 GROUP: 0630-1500-99
 EMP : HOOPER, J

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
12/26/97	6:53	15:25	6:53	15:25	8:32	0:00	0:00	0:00	0:00	0:00
PERIOD TOTALS					8:32	0:00	0:00	0:00	0:00	0:00

BADGE: 398
 GROUP: 1300-1530
 EMP : GRACE, K

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
12/26/97	6:53	15:25	6:53	15:25	8:32	0:00	0:00	0:00	0:00	0:00

MEMORANDUM

TO: Mr. John W. Hooper #397
Automotive Mechanic

FROM: Mr. Terry H. Gaddis, Director
City Shops Department

DATE: 4 April 1996

SUBJECT: Letter of Counseling On Excessive Absenteeism

Although I am totally aware and compassionate of your time off due to the medical attention and required recovery time for your workmen's compensation injury, I am very concerned about your called-in absences starting the day you were released by the doctor to return to work. Your unscheduled absences have caused undue hardship not only in the production effort of your work center, but to your fellow employees and supervisor as well. The motorcycle shop has had a tremendous daily workload and your supervisor has had to use personnel from other work centers to assist the motorcycle shop to "just keep up"! When we have to utilize personnel from other work centers, the entire production effort of the Department suffers.

As you are aware, this is not the first time I have counseled you on your unacceptable attendance and your need to build up your annual and sick leave balances. You were given previous letters of counseling on 28 February 1995 and 28 September 1995. Again, you have exhausted your leave balances, and received two and one half (2 1/2) hours time off without pay for your absence on 2 April 1996.

As I have counseled you before, we need you here to work every day. I am going to allow you the two and one (2 1/2) hours off without pay for 2 April 1996, however this final letter of counseling is hereby notice to you that if you should call in your absence and you have no annual leave or a valid written doctor's excuse for any illness, I will have no choice but to suspend you without pay for three to five days, as explained in your counseling letter of 28 February 1995. If this trend continues after any suspension, I will recommend your dismissal of employment from this Department to the mayor.

I strongly urge you to make every attempt to immediately correct this situation.

Acknowledge Receipt by:

John W. Hooper #397
Automotive Mechanic

Terry H. Gaddis
Witness

4-4-96 J.W.H
Date

File

MEMORANDUM

TO: John Hooper

FROM: Terry H. Gaddis, Director
City Shops Department

THRU: Eugene Knox, Jr., Asst Director
City Shops Department

DATE: 28 September 1995

SUBJECT: Letter of Counseling

This record will confirm the counseling session held on 28 September 1995.

Since January 1995, you have called in to notify the Department that you would be late to work or absent from work a total of 32 times. You have also been absent from work for various reasons a total of 34 times. 1 were scheduled and 33 were unscheduled for a total of 262.5 hours.

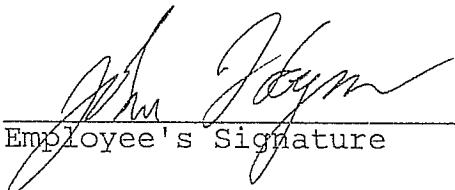
You were made aware that your absenteeism is considered to be excessive as compared to the general population of other employees in this Department and is affecting the capability of your Division to accomplish its daily mission. When you are absent, unscheduled, someone else has to perform your duties and many times, work has to be delayed and rescheduled. This has a negative impact on our production effort and causes unnecessary hardships on your supervisor, co-workers and the Department.

We have been very lenient and understanding of your past absenteeisms and you know that if a true emergency arises, we will grant your request for leave. You are also aware that we encourage you to take scheduled time off from work to relax and enjoy whatever you like to do and we realize that from time to time you require time off for medical/dental appointments. All of this is part of the benefits you have earned and all we ask is that you don't abuse your benefits.

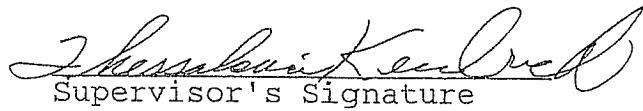
You are reminded that you have a big responsibility to be present for work, on time, everyday, unless there is a true emergency.

This Department prides itself on accomplishing an enormous amount of quality work with a limited number of personnel, but we cannot continue to make this happen without you being present for work.

I strongly suggest that you take immediate action to correct your absenteeism and be a more dependable employee. Your job is important not only to you, but us and we need you present for work!



John Flynn
Employee's Signature



Theresa K. Keech
Supervisor's Signature

M E M O R A N D U M

TO: Mr. John W. Hooper #397
Automotive Mechanic

FROM: Mr. Terry H. Gaddis, Director *W*
City Shops Department

DATE: 28 February 1995

SUBJECT: Letter of Counseling On Excessive Absenteeism

I realize that you have experienced several unfortunate, personal misfortunes and medical problems which have prevented your reporting to work; however, you need to understand that your work section has suffered in production output due to your absenteeism.

During the past eight months, you have been absent 43 full-days (344 hours) and have taken off a total of 27.5 hours during various other days. One hundred five point nine (105.9) of the 344 hours were charged as Leave Without Pay. When compared to the absenteeism of other department employees, I consider your absenteeism excessive.

Because you have used all of your vacation time, sick leave, personal leave days, and compensatory time, I have tried to be understanding and compassionate of your personal needs and have allowed you to take time off without pay.

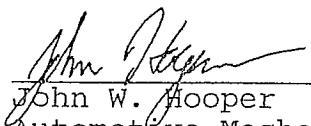
During previous verbal counseling sessions, and on numerous occasions, you have told me that you were going to try your best to be present for work and build-up your annual and sick leave balances; however, you continue to call-in sick or ask for time off. The end result is that we depend on you and need you here to work - doing your part to ensure our production goals are met. When you are absent, we have to pull an employee from another section to perform your duties. This situation creates a negative impact on our production effort and a hardship on the entire shop.

This letter is formal notification that I will not approve any future leave without pay. I strongly advise that you make some kind of arrangements to take care of your needs, whether personal or medical, and ensure you are: (1) Present for work, and (2) Build-up your annual and sick leave.

If you continue to be absent from work without earned leave, you will give me no choice but to suspend you for three (3) to five (5) days without pay.

A copy of this Letter of Counseling will be placed in your Official Personnel Folder.

I have this date received a copy of this Letter of Counseling on Excessive Absenteeism:


John W. Hooper #397
Automotive Mechanic

DATE: 2-28-95

WITNESS: 
DATE: 2-28-95

M E M O R A N D U M

TO: Mr. John W. Hooper
FROM: Mr. Donald R. Hayes, Director
City Shops Department
DATE: 03 January 1992
SUBJECT: Written Reprimand

1. Mr. John W. Hooper is being given a Written Reprimand for failing to produce a physician's certificate to substantiate his illness on 31 December 1991.
2. Mrs. John W. Hooper called stating that Mr. Hooper was sick on 31 December 1991. She was instructed by the Production Controller, Mr. Raymond D. Ewbank to have Mr. John W. Hooper bring in a physician's certificate for his illness on 02 January 1992. You failed to do so.
3. Should you fail to bring in a physician's certificate in the future, I will recommend suspension or dismissal.

This Reprimand has been read to Mr. Hooper.

Proutz Wade

WITNESS

John Hooper

EMPLOYEE SIGNATURE

Donald R Hayes

DONALD R. HAYES, DIRECTOR

M E M O R A N D U M

To: John W. Hooper
Memorandum-for-Record

From: Eugene Knox, Jr. *E.K.*
Assistant Director, City Shops

Date: 03 October 1991

Subject: Absenteeism

This will confirm the verbal counsel session held in my office on 03 October 1991.

You were made aware that your absentee record was above average for the period between 10-01-90 through 09-30-91.

During this period, you were absent from duty a total of thirty-three (33) separate occasions, 8 were scheduled and 25 were unscheduled. A total of 228.6 hours. You stated to me that you would take corrective action to change this pattern.

cc: Personnel File

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. John W. Hooper #397

FROM: Mr. Donald R. Hayes, Director
Garage Department

DATE: 20 July 1990

SUBJECT: WRITTEN REPRIMAND

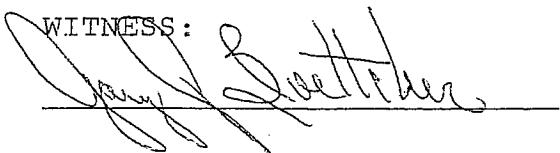
Mr. John Hooper is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 6 - Leave Request Para. 4. which states "... the employee must call their duty section before the start of their scheduled shift start time...".

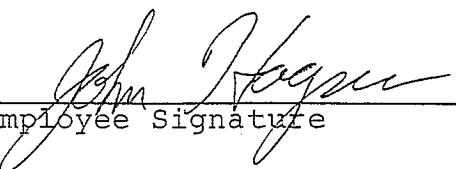
Mr. Hooper called in at 0720 hours 19 July 1990. His duty shift start time is 0700 hours.

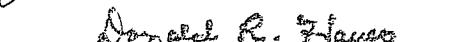
THIS IS MR. Hooper's FIRST VIOLATION OF THIS OPERATING INSTRUCTION WITHIN 180 DAYS. THE 180-DAY PERIOD FOR THIS VIOLATION WILL END 15 JANUARY 1991.

This Reprimand has been read to Mr. Hooper.

WITNESS:




Employee Signature


Donald R. Hayes

Donald R. Hayes, Director

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. John W. Hooper #397

FROM: Mr. Donald R. Hayes, Director
Garage Department

DATE: 06 January 1989

SUBJECT: WRITTEN REPRIMAND

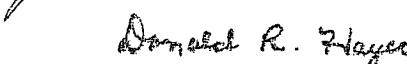
Mr. John W. Hooper is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Par. 6 - "Neglect or failure to clock in or out is considered a violation." On 05 January 1989, Mr. Hooper failed to clock out at his departure time (1530 Hours).

This reprimand has been read to Mr. Hooper.

WITNESS:

Robert F. Wade


Employee Signature


Donald R. Hayes, Director

M E M O R A N D U M

To: Mr. John W. Hooper #397
Memorandum-for-Record

From: Mr. Robert F. Wade, Garage Foreman

Date: 14 July 1986

Subject: Absenteeism

This will confirm the verbal counsel session held in my office on 11 July 1986.

You were made aware that your absentee record was above average for the period between 01 October 1985 through 11 July 1986.

During this period, you were absent from duty a total of 141.7 hours. In sixteen (16) separate occasions, six (6) were scheduled and ten (10) were unscheduled. You stated to me that you would take corrective action to change this pattern.

copy: Personnel File

FORM 54 PER

INSURANCE PREMIUM RECOVERY AUTHORIZATION FORM

Date 1/9/04

To: City of Montgomery, Finance Dept.
(Payroll Section)

From: John Hooper

I certify by my signature that I have read and understand the following policy:

I acknowledge my employer's legal right to recover the cost of any premium paid by it to maintain my coverage in group health benefits during any period of unpaid leave under the following conditions:

1. I fail to return from leave at the expiration of the leave to which I am entitled; and
2. The reason I fail to return to work is not one of the following:
 - A. the continuation, recurrence, or onset of a serious health condition that entitles me to leave to care for a child, parent or spouse with a serious health condition, or if I am unable to perform the functions of my position due to my own serious health condition; or,
 - B. other conditions beyond my control prevent me from returning.

Date: 1/9/04

Name (Print) John Hooper

Employee Number: 7397

Name (Sign) John Hooper

INSURANCE PREMIUM REIMBURSEMENT AGREEMENT

I certify by my signature that I have read and agree to do the following:

If I fail to return from leave, for any reason other than 2-A or 2-B above, I agree to coordinate with the payroll section to develop a mutually acceptable schedule to reimburse my employer for the cost of any premium paid by it to maintain my coverage in group health benefits during any period of unpaid leave taken by me.

Date: 1/9/04

Name (Print) John Hooper

Employee Number: 7397

Name (Sign) John Hooper

FORM 55 PER
(WH-381)6
EMPLOYER RESPONSE TO EMPLOYEE
REQUEST FOR FAMILY OR MEDICAL LEAVE
(Family and Medical Leave Act of 1993)

(DATE)

TO: JOHN Hooper
(Employee's Name)FROM: City of Montgomery, FLEET MANAGEMENT DEPT.
(Name of appropriate employer representative)

SUBJECT: Request for Family/Medical Leave

On 1/9/04 (date) you notified us of your need to take family/medical leave due to:

the birth of a child, or the placement of a child with you for adoption or foster care; or

a serious health condition that makes you unable to perform the essential functions of your job; or

a serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

You notified us that you need this leave beginning on 1/9/04 (date) and that you expect leave to continue until on or about 4/2/04 (date)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. You are eligible not eligible for leave under the FMLA.
2. The requested leave will not be counted against your annual FMLA leave entitlement.
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by 2/13/04 (insert date) (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted.

4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We will will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (Explain) _____

5(a). If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows: (Set forth dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)

(b). You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be canceled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We will will not pay your share of health insurance premiums while you are on leave.

(c). We will will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you will will not be expected to reimburse us for the payments made on your behalf.

6. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7(a). You are are not a key employee" as described in §825.218 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us.

(b). We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (Explain (a) and/or (b) below. See §825.219 of the FMLA regulations.)

8. While on leave, you will will not be required to furnish us with periodic reports every _____ (indicate interval of periodic reports, as appropriate for the particular leave situation) of your status and intent to return to work (see §825.309 of the FMLA regulations). If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report for work.

9. You will will not be required to furnish recertification relating to a serious health condition. (Explain below, if necessary), including the interval between certifications as prescribed in §825.308 of the FMLA regulations.)

MEMORANDUM

To: John W. Hooper, Employee #397

From: Terry H. Gaddis, Director
Fleet Management Department

Date: April 13, 2004

Subject: Medical Retirement

As you were advised by memo dated April 8, 2004, you have exhausted your benefits under the Family Medical Leave Act and have no annual, sick or compensatory leave accumulated and were required to return to full duty status on 13 April 2004. While I am concerned about you, I must also be concerned about maintaining this department's production standards. As you are aware, any employee's continued absence not only creates a problem with maintaining daily production, it is also creates hardships on other employees. Based on our discussion, this memorandum will serve as an official notification that I am willing to assist you in obtaining a medical retirement for your continuing medical condition.

I have thoroughly reviewed your personnel records and see that you have had similar recurring medical problems as far back as June 1990. I also understand from our discussion, that your continued medical problems are currently preventing you from coming to work and performing your assigned duties. Therefore, if you feel that you can no longer come to work everyday and perform your assigned duties, I request that you submit a request for a medical retirement based on a medical doctor's recommendation by close of business April 20, 2004.

Should you not continue to come to work or do not provide a doctor's recommendation for medical retirement on the date specified, I will have no choice but to recommend termination of your employment with the City of Montgomery.

CC: Jeff Downes, Executive Assistant to the Mayor
John Carnell, Risk Manager
Eugene Knox, Jr., Assistant Director, Fleet Management
Royce Albright, Superintendent, Automotive Division

8:00 A.M. to 7:00 P.M.
Eastern Standard Time
Toll Free Claims Number

Colonial Life & Accident
Insurance Company
Post Office Box 1365
Columbia, South Carolina 29202-1365

SIDE 1

Has a Claim been filed before Yes
for this loss?
 No

Policyholder

1. Name first John middle West
Street
2. Address P.O. Box 274
City Montgomery State AL Zip 36047

last Hooper Social Security Number 421-90-0925
Home phone
3. number (205) 222-4043 Date of Birth 9/18/61
Work phone number (205) 241-2509 ext. male female

 CHECK HERE IF NEW ADDRESS

4. Patient first Deana middle Latisha last Hooper Date of Birth 12/15/61 Age 32

Patient Social Security Number — — —

5. This person is your wife (example self, wife, son, etc.) male female

Is he/she a full-time student? yes no

6. This claim is for: Accident Wellness Screening Intensive Care Hospital Income Other
 Sickness Cancer If claim is being filed for cancer, enclose pathology report.

7. What sickness or injury are you claiming? Off taking care of kids while wife was in the hospital

8. List all doctors who have treated you for this condition: Name/Address Roger S. Dugger
2024 Chestnut St. Montgomery AL 3606 Phone No. 265-3543

9. Have you received treatment, medication or advice from a doctor in the past for this or a similar condition? _____ Date _____

Name _____ Address _____ Phone No. _____

10. If you were hospitalized: Date admitted 11-6-94 Date discharged 11-8-94 Name of hospital Jackson Hospital
Address _____ Phone No. _____

IF ACCIDENTAL INJURY:

11. (A) Date injured _____ (B) Where did it happen? _____ (C) Time of accident _____ am pm

12. (D) Tell us exactly how your accident happened _____

13. (E) on job off job (F) Did your injuries occur while you were working for pay or profit? _____

14. Dates unable to work 11-7-94 am pm to 11-10-94 am pm

15. Dates confined to your house _____ am pm to _____ am pm

16. Have you returned to your main (or principal) duties? Date returned part-time _____ Date returned full-time 11-11-94

TO BE COMPLETED BY EMPLOYER:

17. Name of Employer City of Montgomery Phone number of Employer (205) 241-2509

18. Billing Control No. City Garage 19. Is Workers' Compensation being filed? N/A

20. Dates employee unable to work 7 November 1994 am pm to 10 November 1994 am pm

21. Date employee returned to his main (or principal) duties: Date returned part-time _____ Date returned full-time 11 Nov 94

22. Employee's job title and duties Auto Mechanic 23. Did the accident occur while working for wage or profit? Not an accident
his wife was confined to hospital
Date 29 November 1994 Title Director

24. Signed Jerry H. Gadlin Alaska, Delaware, Idaho and Florida residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. (Florida — Felony of the third degree.)

Authorization

I have checked the above answers and they are correct. I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to Colonial Life & Accident Insurance Company or its legal representative, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used by Colonial Life & Accident Insurance Company to determine eligibility for benefits under an existing policy. Any information obtained will not be released by Colonial Life & Accident Insurance Company to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal service in connection with my claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this authorization shall be as valid as the original. I AGREE this Authorization shall be valid for two and one-half years from the date shown below. I certify under penalty of perjury that my correct social security number is shown on this form.

Signed this 29 day of November, 19 94.

Signature of Patient

John Dugger
Signature of Policyholder

Colonial Life & Accident
Insurance Company
Post Office Box 1365
Columbia, South Carolina 29202-1365

SIDE 1

Has a Claim been filed before
for this loss? Yes No

EN

Policyholder

1. Name first John middle West last Hopper Social Security Number 421-90-09
Street Home phone
2. Address RT 1 Box 27A 3. number (205) 227-4043 Date of Birth 7/18/61
City Hatchetts State AL Zip 36047 Work phone
number (205) 241-2511 ext. male female

 CHECK HERE IF NEW ADDRESS

4. Patient first John middle West last Hopper Date of Birth 9/18/61 Age 3
Patient Social Security Number 421-90-0925
5. This person is your Myself (example self, wife, son, etc.) male female
Is he/she a full-time student? yes no
6. This claim is for: Accident Wellness Screening Intensive Care Hospital Income Other
 Sickness Cancer If claim is being filed for cancer, enclose pathology report.

B

7. What sickness or injury are you claiming? Broken Arm
8. List all doctors who have treated you for this condition: Name/Address Dr Edward Palmer, 1501 Forest Av. Apt 26
36132 - 205-263-3944 Jackson Hospital ER + Dr. Daugherty Phone No. 264-9739
9. Have you received treatment, medication or advice from a doctor in the past for this or a similar condition? NO Date _____
Name _____ Address _____ Phone No. _____
10. If you were hospitalized: Date admitted _____ Date discharged _____ Name of hospital _____
Address _____ Phone No. _____

IF ACCIDENTAL INJURY:

11. (A) Date injured 9-29-94 (B) Where did it happen? Home (C) Time of accident approx. 2:00 am pm
12. (D) Tell us exactly how your accident happened while installing a bridge on my property, I fell off
the bridge into the creek bottom about 15 to 16 feet
13. (E) on job off job (F) Did your injuries occur while you were working for pay or profit? NO

C

14. Dates unable to work 29 August 1994 am pm to 9 September 1994 am pm
15. Dates confined to your house _____ am pm to _____ am pm
16. Have you returned to your main (or principal) duties? Date returned part-time _____ Date returned full-time _____

D

TO BE COMPLETED BY EMPLOYER:

17. Name of Employer City of Montgomery Phone number of Employer (205) 241-2509
18. Billing Control No. City Garage 19. Is Workers' Compensation being filed? NO
20. Dates employee unable to work 29 August 1994 am pm to 9 September 1994 am pm
21. Date employee returned to his main (or principal) duties: Date returned part-time _____ Date returned full-time 12 Sep 94
22. Employee's job title and duties Auto Mech-Motorcycles 23. Did the accident occur while working for wage or profit? NO
24. Signed James H. Gadsden Date 12 Sep 1994 Title Director, City Shops

E

Alaska, Delaware, Idaho and Florida residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. (Florida — Felony of the third degree.)

Authorization

I have checked the above answers and they are correct. I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medical related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to Colonial Life & Accident Insurance Company or its legal representative any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used by Colonial Life & Accident Insurance Company to determine eligibility for benefits under an existing policy. Any information obtained will not be released by Colonial Life & Accident Insurance Company to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this authorization shall be as valid as the original. I AGREE this Authorization shall be valid for two and one-half years from the date shown below. I certify under penalty of perjury that my correct social security number is shown on this form.

Signed this _____ day of _____, 19 _____. _____

Signature of Patient

Signature of Policyholder

M E M O R A N D U M

TO: Payroll Clerk, Garage Department
DATE: 21 JANUARY 1991
SUBJECT: Overtime Designation

In accordance with Personnel Rule VIII, Section 2 and 3, dealing with Overtime and Legal Holidays -- Excerpt from Section 2, (a) (3), as follows: "The employee has the sole option, by stating in writing, prior to the time that overtime work is performed, of either accepting overtime pay or compensatory time."

Therefore, in lieu of the above, I understand that I have the option to either accept overtime pay or compensatory time, as I have designated by the placement of my signature on the appropriate line below.

HOOPER
(TYPE EMPLOYEE'S LAST NAME)

397
EMPLOYEE NO.

In accordance with Personnel Rule VIII, I elect to receive pay for any overtime hours worked.

Employee's Full Signature

In accordance with Personnel Rule VIII, I elect to credit any overtime hours worked to Compensatory Leave.


Employee's Full Signature

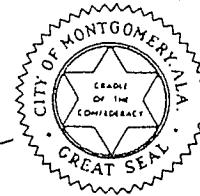
NOTE: I may elect to change my option at any future date by presenting a new letter reflecting my decision. All letters will remain in effect until changed by the employee.

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE, \$300

Alabama

RETURN

TO



Print Sender's name, address, and ZIP Code in the space below.

Donald R. Hayes
City of Montgomery
934 N. Ripton
Montgomery, AL 36104

90

Mr. John W. Hooper
Rt. 1 Box 27-A
Letohatchee, AL 36047

Dear Mr. Hooper:

This is to inform you that at the close of business today you will have remaining 11.3 hours of annual leave; 4.4 hours of sick leave; no compensatory time and no personal days. If these hours are used you will be placed in a leave without pay (LWOP) status and I will recommend your termination from City employment.

Sincerely,

Donald R. Hayes
Donald R. Hayes, Director
Garage Department

MEMORANDUM

TO: Mayor Emory Folmar

FROM: Mr. Donald R. Hayes, Director *D.R.Hayes*
Garage Department

DATE: 21 February 1990

SUBJECT: Death of a mother

Mr. John W. Hooper, one of our motorcycle mechanics, was notified at approximately 1000 hours this date that his mother had passed away.

Mrs. Opal Hooper lived in Huntsville, Al. She has been sick with cancer for the past five years. She died in her sister's home in Huntsville.

The above is the only information we have at this time.

Mr. John W. Hooper
Rt. 1 Box 27-A
Letohatchee, Al 36047
Phone: 227-4790

DRH/cm

cc: Mrs. A. Folmar

M E M O R A N D U M

TO: All Department Personnel

FROM: Mr. Donald R. Hayes, Director *D. Hayes*
Garage Department

DATE: 05 January 1989

SUBJECT: Sick Leave

Six (6) of our employees completed Calendar Year 1988 without taking any time off on sick leave.

ARTHUR, WILLIE
COKER, WILLIAM C.
FLYNN, JAMES D.
HOOPER, JOHN W. (2nd year in a row)
QUATES, JR., DAVID
WRIGHT, WILLIE

In order to have been considered, an individual had to be employed for the full year of 1988.

My personal thanks to each of you for such a notable attendance record. Keep up the good work---and let's see the list grow in 1989.

/ jfb

cc: Personnel File
Arthur
Coker
Flynn
Hooper
Quates
Wright

MEMORANDUM

TO: All Department Personnel

FROM: Mr. Donald R. Hayes, Director
Garage Department

DATE: 18 September 1987

SUBJECT: Sick Leave

The following Rule VIII, Section 5 - Sick Leave (C), is quoted from the City and County of Montgomery Personnel Department Rules and Regulations:

Sick Leave may be granted only for absence due to personal illness, maternity, legal quarantine, attendance upon members of the immediate family whose illness requires the care of the employee, or death in the immediate family of the employee. Immediate family is hereby defined to include spouse, children, parents, grandparents, parents-in-law, and siblings. Unusually strong ties with other other relatives may be recognized for leave purposes upon written justification by the employee and approval of the appointing authority and/or Personnel Director. An employee claiming sick leave may be required by the appointing authority to file a certificate from a physician stating the kind and nature of sickness or injury, that the employee was incapacitated for work for the period of absence, that the employee is physically unable to perform duties or that the employee has no contagious disease that might jeopardize the health of other employees, or that the employee is required to provide care for an ill family member.

As stated in this rule, an employee claiming sick leave may be required to file a certificate from a physician. This is the KEY PHRASE in the rule. Should you be required or directed to obtain a physician's certificate, the physician must comply with this rule -- state the kind and nature of sickness or injury, etc., etc., as outlined above. The certificate must include the date(s) the employee was absent from work and under the doctor's care. In other words, a mere doctor's stamp, nurse's signature, etc. will not be accepted. It is incumbent upon the employee that this personnel rule be followed to the letter.

NOTE: ALSO SEE GARAGE DEPARTMENT OPERATING INSTRUCTION NO. 6
SUBJECT: LEAVE REQUEST

I Acknowledge receipt and understanding of this memorandum.

John W. Hooper
Employee Signature

John W. Hooper

397
Employee #

9-21-87
Date

YOU MAY WANT TO CARRY THESE INSTRUCTIONS ON YOUR PERSON.

M E M O R A N D U M

TO: All Department Personnel

FROM: Mr. Donald R. Hayes, Director *D. Hayes*
Garage Department

DATE: 05 January 1987

SUBJECT: Outstanding Attendance

Three (3) individuals completed calendar year 1987 without taking any time off on SICK LEAVE.

Mr. Jesse J. Boyd
Mr. John W. Hooper
Mr. Eugene Knox, Jr. (2nd year in a row)

In order to have been considered, an individual had to be employed for the full year of 1987.

My personal thanks for such a notable attendance record. Keep up the good work --- and let's see the list grow!

DRH:crs

cc: Personnel File:

Boyd, J. J.
Hooper, J. W.
Knox, E., Jr.

MONTGOMERY FAMILY MEDICINE, P.C.

Brian W. Elrod, M.D.
Eric W. Graves, M.D.

8190 Seaton Place
Montgomery, AL 36116
(334) 396-9100

Jeffrey W. Mathis, M.D.
A. Stuart Hendon, M.D.
Daniel L. Moore, M.D.

DR. APPOINTMENT VERIFICATION FORM

John Hoops

Patient Name

Date

Appointment Time

PATIENT MAY RETURN TO WORK/SCHOOL ON:

Date

Comments/Special Instructions:

A. Stuart Hendon, M.D.

Physician Signature

9/10/03

Date

MONTGOMERY FAMILY MEDICINE, P.C.

Brian W. Elrod, M.D.
Eric W. Graves, M.D.8190 Seaton Place
Montgomery, AL 36116
(334) 396-9100Jeffrey W. Mathis, M.D.
A. Stuart Hendon, M.D.
Daniel L. Moore, M.D.

DR. APPOINTMENT VERIFICATION FORM

John Hooper

7/31/03

Patient Name

Date

Appointment Time

PATIENT MAY RETURN TO WORK/SCHOOL ON:

8/4/03

Date

Comments/Special Instructions:

Excused for 7/31/03 to 8/01/03

A. Stuart Hendon

7/31/03

Physician Signature

Date

te to return to work or school

John Hooper
 Under my care from 16 July 91 to 19 July 91
 for the treatment of sinusitis
 and is able to return to work/school on 20 July 91

Certificate to return to work or school

Mr.
Ms.
Mrs.
Miss

John Hooper
 has been under my care from 29 July 91 to
 for the treatment of Bronchitis & Sinusitis
 and is able to return to work/school on 30 July 91

Remarks

Dr. GEOFFREY W. DAUGHERTY, M.D.

Address 1722 Pine St. Suite 903 Date

Montgomery, AL 36106-4103

DISTA PRODUCTS COMPANY DIVISION OF
ELI LILLY AND COMPANY, INDIANAPOLIS, INDIANA 46285

Mr John Hooper

Mrs _____

Ms _____

Has been under my care from 2-20-01to 2-25-01and is able to return to work/school on Monday 2-25-01Remarks: pt. has been sick and unableTHE OTORHINOLARYNGOLOGY ASSOCIATES to work.Dr R. H. Hooper M.D.

Address _____

Phone _____

281-6327Date 2-22-01

John W. Hooper

been under my care from _____ to _____

able to return to work/school on _____

Remarks *I seen in office this afternoon
on medical evaluation*

J.W. Daugherty Phone 264-9739
ss 303 S. Ripley St Date 29 Aug 90

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-1 PRINTED IN U.S.A. 500330-38575 FEBRUARY, 1985

Certificate to return to work or school

John W. Hooper

been under my care from _____ to _____

able to return to work/school on *27 Aug 90*

Remarks *Came to my office at this date -
abdominal pain that had greatly
increased*

J.W. Daugherty Phone 264-9739
ss 303 S. RIPLEY ST Date 24 Aug 90

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-3 PRINTED IN U.S.A. 700955-11B7100

Certificate to return to work or school

John Hooper

been under my care from *4-7-92* to _____

able to return to work/school on *4-8-92*

Remarks _____

R. G. L. Phone 281-6322
ss 1722 PINE ST Date 4-7-92

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

John W. Hooper

Assumed file

been under my care from _____ to _____

able to return to work/school on *06 Sept 90*

Remarks *I seen in my office 4pm today with
abdominal pain due to functional bowel
syndrome*

J.W. Daugherty MD Phone 264-9739
Address 303 S. Ripley St Date 05 Sept 90

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-1 PRINTED IN U.S.A. 500330-38575 FEBRUARY, 1985

Certificate to return to work or school

John W. Hooper

27 Aug 90

has been under my care from _____ to _____

and is able to return to work/school on _____

Remarks *I seen in office today for abdominal
abdominal pain and nausea*

J.W. Daugherty Phone 264-9739
Address _____ Date 27 Aug 90

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-1 PRINTED IN U.S.A. 500330-38575 FEBRUARY, 1985

Certificate to return to work or school

John Hooper

has been under my care from _____ to _____

and is able to return to work/school on _____

Remarks *I seen in office for medical
evaluation & treatment*

GEOFFREY W. DAUGHERTY, M.D. Phone 264-9739
Dr 1722 Pine St. Suite 903

Address Montgomery, AL 36106-4103 Date 10 May 92

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630

Mr
Mrs
Ms

John W. Hooper

has been under my care from 01 Apr 92 to _____

and is able to return to work/school on _____

Remarks Seen in office today for medical treatment

Dr _____ Phone 201-9739

GEOFFREY W. DAUGHERTY, M.D.
Address 1722 Pine St. Suite 903 Date 01 Apr 92

Eli Lilly and Company, Inc. • A Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

205/204-9739
60-CR-0131-3 PRINTED IN USA 700955-1187100

Medically Excused Absence

This is to confirm that

John W. Hooper

has been under my care
for 4-2-92, Thursday
ear inf. and sinus problems
from 4-2-92 to 4-2-92

The patient's absence was medically advised.

Geoffrey W. Daugherty MD
signature

PD-07-R-2359-P-1 (2-86)

Name John Cooperhas been under my care from 5-20-97 to 5-23-97and will be able to return to work on 5-26-97

Nature of illness or injury _____

 Restrictions Light Work

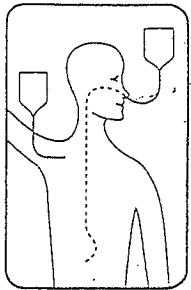
Comments _____

THE OTORHINOLARYNGOLOGY ASSOCIATESDr _____ Phone 281-6327

Address _____

(23)

Date 5-23-97



Nutritional Support Consultants, P. C.
Research • Education • Patient Care

R *X*

Robert R. Brinson, M.D.
Director

October 26, 1990

To whom it may concern:

John Hooper was seen today in our office for evaluation of severe abdominal pain. If you have any questions concerning his medical care, please feel free to call our office.

With best regards,

A handwritten signature in black ink that reads "Robert R. Brinson".

Robert R. Brinson, M.D.

ROBERT R. BRINSON, M.D.

2109 Taylor Road

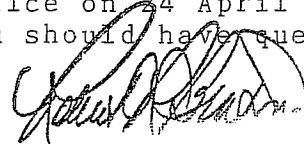
Montgomery, Alabama 36117

(334) 271-1205

*Diplomate, American Board of Internal Medicine**Diplomate, Subspecialty Board, Gastroenterology**Fellow, American College of Nutrition**Gastroenterology**Clinical Nutrition**Hyperalimentation*

TO WHOM IT MAY CONCERN

This is to confirm that John Hooper was seen in
my office on 24 April 1996 for a scheduled appointment.
If you should have questions, please contact my office.



Robert R. Brinson, M. D.

Mr
Mrs
Miss

John Hooper

has been under my care from 4/17 to 4/18

and is able to return to work/school on 4/19/96

Remarks: seen in office 4/17. NAUSEA

ABDOMINAL PAIN

GEOFFREY W. DAUGHERTY, M.D.

1722 Pine St. Suite 903

Montgomery, AL 36106-4103

Phone

334/264-9739

Address _____ Date 4-18-96

Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-0 PRINTED IN U.S.A. 200026-1181100 NOVEMBER, 1981

has been under my care from 11 April 96 to 11 April 96
 for the treatment of nasal
 and is able to return to work/school on 22 April 96
 Remarks

Physical education: Light work None
 Other observations: Believe to work 4/15/96

Required to take medication during active hours: Yes No

Medication: St. John's Wort

Dr. AMES ALEXANDER
 Address 300 Taylor Rd. Suite 1
 Montgomery, AL 36111
 (205) 270-3875

Phone

Date 4-12-96

6098-06

Name John Hooper
 has been under my care from 04-22-96 to 04-22-96
 and will be able to return to work on 04-23-96

Nature of illness or injury Restrictions Light WorkComments

Dr R. Baum Cll 00 Phone 281-632
 Address Date 04-22-96

Please see complete Prescribing Information at the back of this pad.
 © 1993, Bristol-Myers Squibb Company, Princeton, New Jersey 08543, U.S.A.

E2-A060-1-94

Certificate to return to work or school

Mr.
 Mrs.
 Miss JOHN W. HOOPER

has been under my care from 17 April 96 to
 and is able to return to work/school on 18 April 96

Remarks Has normal montay

Dr. GEOFFREY W. DAUGHERTY, M.D. Phone
 Address 1722 Pine St. Suite 903
Montgomery, AL 36106-4103 Date
334/264-9739

Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-0 PRINTED IN U.S.A. 200026-1181100 NOVEMBER, 1981

Certificate to return to work

Name John Hooper
 has been under my care from 4-11-96 to 4-15-96
 and will be able to return to work on 4-16-96

Nature of illness or injury Restrictions Light WorkComments

Dr R. Baum Cll 00 Phone
 Address

Please see complete Prescribing Information at the back of this pad.
 © 1993, Bristol-Myers Squibb Company, Princeton, New Jersey 08543, U.S.A.

E2-A060-1-94

Dr. GEOFFREY W. DAUGHERTY, M.D. Suite 903 Date 19 April 96
 Address 1722 Pine St. Suite 903
Montgomery, AL 36106-4103 OF
 DISTA PRODUCTS COMPANY
 ELI LILLY AND COMPANY
 200026-1181100

520104-1850 APRIL, 1985 © 1993, DISTA PRODUCTS COMPANY

Dr. Geoffrey W. Daugherty Suite 903
 Address 1722 Pine St.
Montgomery, AL 36106-4103

60-KX-1901-2 PRINTED IN U.S.A.

ACCOUNT# 4193643 M/R # 09-02-97 HOSPITAL & CLINIC, INC.
 HOOPER, JOHN WEST 35 FOREST AVENUE
 SEX - M BORN: 09/18/61 ITGOMERY, AL 36106
 BRINSON, ROBERT F/C - B

CTIONS - ENDOSCOPY PATIENTS



Patient Name

Doctor

Return to Dr. _____ office on _____ Date _____

at _____ Time _____

Return to Jackson Hospital Outpatient Service on _____ Date _____ at _____ Time _____

for _____ Procedure _____

THE FOLLOWING CHECKED INSTRUCTIONS ARE SPECIFIC FOR YOUR PROCEDURE

- Notify your doctor if you have any of the following symptoms:
 - a. More than 1 teaspoon of bright red blood in your bowel movement.
 - b. Fever over 100°.
 - c. Severe abdominal pain.
 If you are unable to reach your doctor, call Jackson Hospital at 293-8000 and ask the switchboard operator to locate him.
- You may experience gas pains and cramps after your examination. If the discomfort does not go away in 6-12 hours, notify your doctor.
- No alcoholic beverages or tranquilizers for 24 hours.
- Rest at home today.
- Have a responsible adult accompany you when out of the bed for the next 4 hours or until you do not experience any dizziness.
- Do not drive for 24 hours.
- Resume normal activities tomorrow.
- Resume usual diet in one hour or when your throat is no longer numb.
- Follow _____ diet as instructed by the dietitian.
- No caffeine (coffee, coke, tea).
- No aspirin or any medication containing aspirin.
- No nicotine.
- You may gargle with a saline gargle (1 tsp. salt with 2 cups of warm water) or use chloroseptic lozenges for throat discomfort.
- You may use a warm, wet compress to your IV site for any redness or discomfort. If redness persists, call your physician.
- If your doctor removed a polyp or tissue (biopsy) for further examination, he will notify you by phone or in writing as soon as he receives the results. Your doctor usually receives this report in 24-48 hours after the tissue is examined by a pathologist.
- Take the following medications as ordered by your physician.

17. Other specific instructions: Repeat exam in 1 yrI acknowledge the receipt and understanding of these instructions. I was informed by Dr. Robert Brinson
 Name of Practitioner

James P. Whitaker
 Witness

J. Brinson
 Signature of Patient or Patient Representative

Signature of Patient or Patient Representative

ACCOUNT # 4192007 M/R # 09-02-97
 HOOPER, JOHN WEST
 SEX - M BORN: 09/18/61 F/C - B
 BRINSON, ROBERT
 ROOM: 

JACKSON HOSPITAL & CLINIC, INC.

1235 FOREST AVENUE
 MONTGOMERY, AL 36106

INSTRUCTIONS - ENDOSCOPY PATIENTS

Return to Dr. _____ office on _____ Doctor _____
 at _____ Date _____
 Time _____
 Return to Jackson Hospital Outpatient Service on _____ Date _____ at _____ Time _____
 for _____ Procedure _____

THE FOLLOWING CHECKED INSTRUCTIONS ARE SPECIFIC FOR YOUR PROCEDURE

- Notify your doctor if you have any of the following symptoms:
 - a. More than 1 teaspoon of bright red blood in your bowel movement.
 - b. Fever over 100°.
 - c. Severe abdominal pain.
 If you are unable to reach your doctor, call Jackson Hospital at 293-8000 and ask the switchboard operator to locate him.
- You may experience gas pains and cramps after your examination. If the discomfort does not go away in 6-12 hours, notify your doctor.
- No alcoholic beverages or tranquilizers for 24 hours.
- Rest at home today.
- Have a responsible adult accompany you when out of the bed for the next 4 hours or until you do not experience any dizziness.
- Do not drive for 24 hours.
- Resume normal activities tomorrow.
- Resume usual diet in one hour or when your throat is no longer numb.
- Follow _____ diet as instructed by the dietitian.
- No caffeine (coffee, coke, tea).
- No aspirin or any medication containing aspirin.
- No nicotine.
- You may gargle with a saline gargle (1 tsp. salt with 2 cups of warm water) or use chloroseptic lozenges for throat discomfort.
- You may use a warm, wet compress to your IV site for any redness or discomfort. If redness persists, call your physician.
- If your doctor removed a polyp or tissue (biopsy) for further examination, he will notify you by phone or in writing as soon as he receives the results. Your doctor usually receives this report in 24-48 hours after the tissue is examined by a pathologist.
- Take the following medications as ordered by your physician.

In force 10 days after office visit

17. Other specific instructions:

I acknowledge the receipt and understanding of these instructions. I was informed by *M. Brinson* _____
 Name of Practitioner _____

Witness *J. Brinson* *R. Brinson* *A. Brinson*

Signature of Patient or Patient Representative

ACCOUNT# 4192707 M/R # 09-02-97 JACSON HOSPITAL & CLINIC, INC.
 HOOPER, JOHN WEST 1235 FOREST AVENUE
 SEX - M BORN: 09/18/61 MONTGOMERY, AL 36106
 BRINSON, ROBERT F/C - B

S 13
 RUCTIONS - ENDOSCOPY PATIENTS

Patient Name _____

Doctor _____

Return to Dr. _____

office on _____

Date _____

at _____

Time _____

Return to Jackson Hospital Outpatient Service on _____

Date _____

at _____

for _____

Procedure _____

THE FOLLOWING CHECKED INSTRUCTIONS ARE SPECIFIC FOR YOUR PROCEDURE

1. Notify your doctor if you have any of the following symptoms:
 - a. More than 1 teaspoon of bright red blood in your bowel movement.
 - b. Fever over 100°.
 - c. Severe abdominal pain.
2. You may experience gas pains and cramps after your examination. If the discomfort does not go away in 6-12 hours, notify your doctor.
3. No alcoholic beverages or tranquilizers for 24 hours.
4. Rest at home today.
5. Have a responsible adult accompany you when out of the bed for the next 4 hours or until you do not experience any dizziness.
6. Do not drive for 24 hours.
7. Resume normal activities tomorrow.
8. Resume usual diet in one hour or when your throat is no longer numb.
9. Follow _____ diet as instructed by the dietitian.
10. No caffeine (coffee, coke, tea).
11. No aspirin or any medication containing aspirin.
12. No nicotine.
13. You may gargle with a saline gargle (1 tsp. salt with 2 cups of warm water) or use chloroseptic lozenges for throat discomfort.
14. You may use a warm, wet compress to your IV site for any redness or discomfort. If redness persists, call your physician.
15. If your doctor removed a polyp or tissue (biopsy) for further examination, he will notify you by phone or in writing as soon as he receives the results. Your doctor usually receives this report in 24-48 hours after the tissue is examined by a pathologist.
16. Take the following medications as ordered by your physician

Any questions - call Dr. Brinson's office 371-1205

17. Other specific instructions: *Return to Dr. Brinson on May 14
 at 7:00 AM. Take all of Diazepam, 10 mg before 6:00 AM.
 Don't eat or drink after 12:00 AM the night before. Brin
 son has a rule.*

I acknowledge the receipt and understanding of these instructions. I was informed by _____

Name of Practitioner

Witness _____

Signature of Patient or Patient Representative

(1)

PATIENT INSTRUCTIONS FOR ERCP

You have been scheduled for an ERCP. ERCP means we will be passing the scope orally down to the intestine where the bile duct and pancreatic duct empty into the intestine at a place called the papilla. A catheter will then be passed into this opening and dye will be injected into both ducts to make X-Rays of these ducts to see if there is any evidence of abnormalities.

There are minor risks with this procedure, as with any procedure, which would include infection, pancreatitis (inflammation of the pancreas), bleeding or perforation. All of these risks are extremely low.

You have been scheduled at the following Hospital: Jackson
Hospital @ 7:30 on this date: May 13.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON THIS DATE.

If you have any further questions, please call my office at 271-1205.

(2)

Small Bowel Follow - through
5/8/96 Wed. 8:45 #203 Doodle Building

ROBERT R. BRINSON, M.D.
2109 Taylor Road
Montgomery, Alabama 36117
(334) 271-1205

Diplomate, American Board of Internal Medicine
Diplomate, Subspecialty Board, Gastroenterology
Fellow, American College of Nutrition

Gastroenterology
Clinical Nutrition
Hyperalimentation

TO WHOM IT MAY CONCERN

John Hooper has been under my care for an illness 7, 8 and 9 of May.

He was unable to perform his regular employment duties.

Robert R. Brinson M.D.
Robert R. Brinson, M. D.



JG

Certificate to return to work

Name JOHN W. HOOPER

has been under my care from 18 MAR 96 to 27 MAR 96

and is able to return to work on 27 MAR 96

Nature of illness or injury MILD CARPAL TUNNEL SYNDROME

restrictions no restrictions

Comments MAY OCCASIONALLY GET NUMB HANDS

WHEN USING HARD PULING ON TOOLS

Dr. G.W. DAUGHERTY Phone 264-9739

Address 1722 PINE ST Date 27 Mar 96
MONTGOMERY, AL 36101

Mr. Hooper came back to work on 10-21-96
and said he felt like working even
tho the Dr. recommended he not return
to work until 10-24-96. JG

10-21-96

Date: 7-19-95

John Hooper
 der my care from 26 July 95 to
 return to work/school on
 Seen in office for
 medical treatment

GEORGE W. DAUGHERTY, M.D. Phone 264-9739
 1722 Pine St. Suite 903
 Montgomery, AL 36106-4103 Date 26 July 95
 205/254-8739
 Company • Indianapolis, Indiana 46285

60-CR-0131-0 PRINTED IN U.S.A. 200026-1181100 NOVEMBER, 1981

Certificate to return to work
 Hooper
 care from 11-2-95 to 11-2-95
 return to work on 11-3-95
 injury Side effects of medicine
 1 Light Work

LARYNGOLOGY ASSOCIATES Phone 281-632
 Normandie Dr. Date 11-2-95

ICEF (CEFADROXIL MONOHYDRATE, USP)

Duricef may be given QD or BID for skin/skin structure infections in adults, uncomplicated UTI in adults, and pharyngitis/tonsillitis in both adults and children. For more serious UTI in adults, and for UTI and skin/skin structure infections in children, BID is the prescribed dosing regimen.

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Certificate to Return to School or Work

Name: Donna Hooper

is my patient and has been under my care from 7-19-95 to

7-19-95 and is able to return to school/work on

Remarks: John Hooper had to
 bring her to our office

Dr. THE OTORHINOLARYNGOLOGY ASSOCIATES

(Signature)

Address:

Telephone: 281-6327

Certificate to return to work or schoolMr.
 Mrs.
 Miss

John Hooper
 has been under my care from 20 Mar 95 to
 and is able to return to work/school on 21 Mar 95

Remarks: Has viral respiratory
 infection

Dr. GEORGE W. DAUGHERTY, M.D. Phone
 1722 Pine St. Suite 903 Date 20 Mar 95
 Address Montgomery, AL 36106-4103
 Eli Lilly and Company 205/254-8739
 Indianapolis, Indiana 46285

60-CR-0131-0 PRINTED IN U.S.A. 200026-1181100 NOVEMBER, 1981

Certificate to Return to School or Work

Name: John Hooper

is my patient and has been under my care from 9-26-95 to

and is able to return to work/school on 9-27-95

Remarks:

Dr. THE OTORHINOLARYNGOLOGY ASSOCIATES Date 9-26-95

Address:

Telephone 281-6327

Certificate to return to work or school

John W. Hooper

nder my care from 01 July 94 to 02 July 94
 to return to work/school on 02 July 94
Has wrist symptoms

Y W. DAUGHERTY, M.D.

2 Pine St. Suite 903 Phone

omery, AL 36106-4103

205/264-9739 Date

tries, Inc. • Carolina, Puerto Rico 00630
 of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-2 PRINTED IN USA 600389-38675 MARCH 1986

Mr
Mrs
Ms

John Hooper

has been under my care from 29 Aug 94 to and is able to return to work/school on 05 Sept 94Remarks Has a fracture of left wrist
sustained 29 Aug 94 - will need
light duty while in splint or cast

D GEOFFREY W. DAUGHERTY, M.D. Phone

1722 Pine St. Suite 903

Address Montgomery, AL 36106-4103 Date

205/264-9739

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
 A Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-2 PRINTED IN USA 600389-38675 MARCH 1986

te to return to work or school K

John Hooper

der my care from 12/28/94 to 1/6/94to return to work/school on 12/29/94

Has been in for an office

today why I have an

cold ~~bronchitis~~ on Jan 6

may return Jan 7, 1995

+ Busch Phone ~~205/264-9739~~DA Taylor Rd Date 12/28/94

ries, Inc. • Carolina, Puerto Rico 00630

Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-3 PRINTED IN USA 700955-1187100

MEDICALLY EXCUSED ABSENCE

is to confirm that John Hooper K
 has been under my care for Bronchitis

THE OTORHINOLARYNGOLOGY ASSOCIATES

m. 7-5-94 to 7-8-94The patient's absence
 is medically advised. R. Brian Collier MD K
 signatureJACKSON HOSPITAL & CLINIC, INC.
 1235 Forest Avenue • Montgomery, AL 36106 • (205) 293-8000

For

Address

Rx

Age

Date

NOT FOR CONTROLLED DRUGS

John Hooper may concern
 Mr Hooper works at Jallen's
 for 641 Please excuse him
 from work

Reg. No.

Refill 0 1 2 3 4 5

DISPENSE AS WRITTEN

M.D.

PRODUCT SELECTION PERMITTED

M.D.

Certificate to return to work or school

Mr
Mrs
Ms*John Harper*has been under my care from 22 Feb 95 to and is able to return to work/school on Remarks Seen in ER 21 Feb 95
in my office 22 Feb 95Dr Geoffrey W. Daugherty, MD.Address 723 Pine St. Suite 903
Montgomery, AL 36103Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285ON 22-95 PRINTED IN USA 700955-1187100
60-CR-0131-3 IF YOU BECOME WORSE OR DO NOT GET BETTER SEE YOUR PRIVATE PHYSICIAN OR GO TO THE ER OF THE DAY YOU MAY RETURN TO WORK OR SCHOOL TODAYLIMITATIONS/REMARKS YOU MAY NOT RETURN TO WORK OR SCHOOL TODAYYOU MAY RETURN ON 23-95 2-24-95LIMITATIONS/REMARKS

OTHER SPECIFIC INSTRUCTIONS

IMPORTANT NOTICE: YOUR X-RAY HAS BEEN READ AND REVIEWED. FINAL REVIEW BY THE RADIOLOGIST IS MADE THE FOLLOWING DAY. IT IS IMPORTANT THAT YOU REQUEST YOUR PHYSICIAN TO CALL THE X-RAY DEPARTMENT TOMORROW AFTER 11:00 A.M. FOR THE FINAL X-RAY INTERPRETATION. 293-8000, EXT. 8182.

I HEREBY ACKNOWLEDGE RECEIPT OF ABOVE PRINTED INSTRUCTIONS:

NAME ADDRESS RELATIONSHIP TO PATIENT DATE SIGNED John Harper

MD OR NURSE

PLEASE NOTE: TREATMENT GIVEN IN THE EMERGENCY SERVICE IS OFFERED AS EMERGENCY FIRST CARE ONLY.

FOLLOW-UP TREATMENT BY A PHYSICIAN MAY BE IMPORTANT FOR YOUR SAFETY. YOU ARE URGED TO FOLLOW CAREFULLY THE INSTRUCTIONS GIVEN ON THIS SHEET.

CLINIC, INC.

116
ia 36106

ITION SHEET

DATE OF SERVICE 2-24-95

FOLLOW THE WRITTEN INSTRUCTION SHEET WHICH HAS BEEN GIVEN TO YOU TO HELP IN TREATMENT OF YOUR ILLNESS OR INJURY:

YOU HAVE BEEN GIVEN:

- FEVER SHEET
- NAUSEA AND VOMITING SHEET
- SUTURED WOUND SHEET
- BURN CARE SHEET
- URINARY TRACT INFECTION SHEET
- HOME CAST CARE SHEET
- SPRAIN AND MINOR FRACTURE SHEET
- CORNEAL ABRASION SHEET
- PELVIC INFECTION SHEET
- MALE GONORRHEA SHEET
- GENITAL HERPES SHEET
- HEAD INJURY SHEET
- IMPETIGO SHEET

GENERAL INSTRUCTIONS

- KEEP DRESSING CLEAN AND DRY
- KEEP INJURED PART ELEVATED AS MUCH AS POSSIBLE FOR DAY(S)
- NO WEIGHT BEARING
- RE-WRAP ACE BANDAGE IF TOO LOOSE OR TOO TIGHT
- ICE (INTERMITTENTLY) TO INJURED AREA FOR HOUR(S)
- CRUTCHES AS NEEDED (THEY ARE SOLD TO YOU)
- TAKE PRESCRIPTION(S) AS DIRECTED
- NO DRIVING TODAY
- REST AT HOME TODAY

YOU HAVE BEEN STARTED ON TETANUS IMMUNIZATION SERIES TODAY. PLEASE COMPLETE THE SERIES WITH YOUR PRIVATE PHYSICIAN:

- 1) 1 MONTH FROM TODAY - 1/2CC TETANUS TOXOID
- 2) 2 MONTHS FROM TODAY - 1/2CC TETANUS TOXOID
THIS WILL COMPLETE YOUR TETANUS IMMUNIZATION

SIGNS OF POSSIBLE INFECTION TO LOOK FOR:

- REDNESS
- HEAT
- SWELLING
- RED STREAKS

CONTACT YOUR PHYSICIAN IMMEDIATELY IF THESE OCCUR

ROBERT R. BRINSON, M.D.
2055 East South Boulevard, Suite 706-303
Montgomery, Alabama 36116
(205) 284-1298

Diplomate, American Board of Internal Medicine
Diplomate, Subspecialty Board, Gastroenterology
Fellow, American College of Nutrition

Gastroenterology
Clinical Nutrition
Hyperalimentation

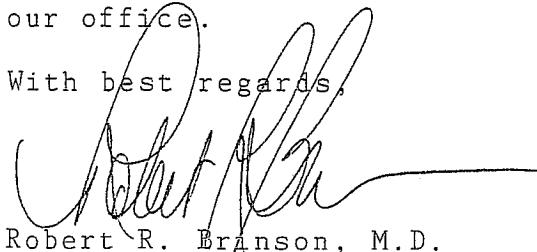
September 10, 1990

To whom it may concern:

John Hooper was seen in our office today. His scheduled appointment was at 3:45pm. He was under our care until 4:45pm at which time he left our office.

If you need additional information, please feel free to contact our office.

With best regards,


Robert R. Brinson, M.D.

796608-8 MR234741
HOOPER, JOHN W
DR. BRINSON, ROBERT
9/13/90 M 28
(IMPRINT PATIENT'S ADDRESSOGRAPH)

BAPTIST MEDICAL CENTER
DISCHARGE INSTRUCTIONS-ENDOSCOPY PATIENTS
DATE: 9/13/90

RETURN TO DR. Byrnes OFFICE ON 9/27/10 AT 115pm
DATE: TIME:

RETURN TO BMC OUTPATIENT SERVICE ON _____ AT _____ FOR _____
DATE: _____ TIME: _____ PROCEDURE: _____

THE FOLLOWING CHECKED INSTRUCTIONS ARE SPECIFIC FOR YOUR PROCEDURE:

1. Notify your physician if you have any of the following symptoms:
 - A. More than 1 teaspoon of bright red blood in your bowel movement.
 - B. Fever over 100°.
 - C. Severe abdominal pain.
2. You may experience gas pains and cramps after your examination. If the discomfort does not go away in 6-12 hours, notify your physician.
3. No alcoholic beverages or tranquilizers for 24 hours.
4. Rest at home today.
5. Have a responsible adult accompany you when out of the bed for the next 4 hours or until you do not experience any dizziness.
6. Do not drive for 24 hours.
7. Resume normal activities tomorrow.
8. Resume usual diet in one hour or when your throat is no longer numb.
9. Follow _____ diet as instructed by the dietitian.
0. No caffeine (coffee, coke, tea).
1. No aspirin or any medication containing aspirin.
2. No nicotine.
3. You may gargle with a saline gargle (1 tsp salt with 2 cups of warm water) or use chloroseptic lozenges for throat discomfort.
4. You may use a warm, wet compress to your IV site for any redness or discomfort. If redness persists, call your physician.
5. If your physician removed a polyp or tissue (biopsy) for further examination, he will notify you by phone or in writing as soon as he receives the results. Your physician usually receives this report in 24-48 hours after the tissue is examined by a pathologist.
6. Take the following medications as ordered by your physician.
7. Other specific instructions:

I acknowledge the receipt and understanding of these instructions, I was informed by

NAME OF PRACTITIONER

WITNESS

SIGNATURE OF PATIENT OR PATIENT
REPRESENTATIVE

FORM 1117
6/86

DATE

DATE

GEOFFREY W. DAUGHERTY, M.D.
INTERNAL MEDICINE
DOCTORS OFFICE BUILDING
303 SOUTH RIPLEY STREET, SUITE 4600
MONTGOMERY, AL 36104
PHONE 205-264-9739

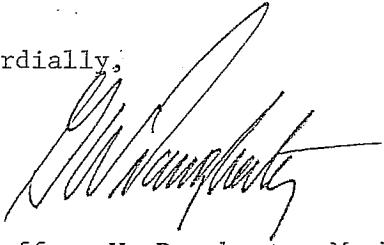
08 June 1990

TO: Supervisor
City of Montgomery, Garage Dept.

SUBJECT: Medical Statement, John W. Hooper

Mr. Hooper is a 28 year old male who has had difficulties with recurrent subjective fevers, dizziness, abdominal pains, nausea, headaches, joint pains, and weakness since March. He has had repeated blood tests, chest x-ray, endoscopic examinations, CT Scan and consultations with a gastroenterologist and ENT doctors. All of this has shown no definite abnormalities. It is felt that he has an inner ear dysfunction (acute labyrinthitis). Although he never has shown evidence of great distress when seen by me, he reports that his nausea and dizziness prevent him from working frequently. I have been giving him trials with various medications with variable success, but he seems to be improving now. At this time I do not think returning to full duty would jeopardize his health.

Cordially,



Geoffrey W. Daugherty, M. D.

GWD/ja

Certificate to return to work or school

Case 2100-CV-00027-LJC Document 24-3

Filed 07/17/2007 Page 57 of 102

DRS. ROBINSON, STRONG, YATES & WEBB P.C.

JAMES T. MC LAUGHLIN, M.D.

1722 PINE STREET, SUITE 309

MONTGOMERY, AL 36194-2701

DEA # AM 2728016

LIC. # 11460 (AL)

(205) 262-0342

NAME John Hooper

AGE

ADDRESS

DATE 8/20/90

Mr
Mrs
Ms

John Hooper

has been under my care from 21 Aug 90 to

and is able to return to work/school on

Remarks seen in office today for

medical evaluation

J. W. Humphrey, MD

Phone 264-9739

Date 21 Aug 90

Industries, Inc. • Carolina, Puerto Rico 00630
Division of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-3 PRINTED IN USA 700955-1187100

Certificate to return to work or school

Mr.
Mrs.
Miss

John Hooper

has been under my care from 06 Aug 90 to

and is able to return to work/school on 07 Aug 1990

Remarks Has muscular back and

abdominal strain from non-work

related activity

Dr. J. W. Humphrey, MD

Phone 264-9739

Address 303 S. Ripyay Date 06 August 90

Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-0 PRINTED IN U.S.A. 200026-1187100 NOVEMBER, 1991

Refill 1 times

James T. McLaughlin
PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

John W. Hooper
 Under my care from 16 July 90
 to 16 July 90
 return to work/school on 16 July 90
seen for medical
problem
no disability Phone 264-9739
 Date 16 July 90

tries, Inc. • Carolina, Puerto Rico 00630
 of Eli Lilly and Company • Indianapolis, Indiana 46285
 60-CR-0131-3 PRINTED IN USA 700955-1187100

Mr.
 Mrs.
 Ms.

John W. Hooper

has been under my care from _____ to _____
 and is able to return to work/school on 27 April 1990

Remarks Has Vertigo and nausea from sinus ear
dislocation, and seen in office 25 April 90 to
start new medicine

Dr. Jeffrey M. Smitherman Phone 264-9739
 Address 303 S. Ripley St Date 25 Apr 90

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630
 A Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-1 PRINTED IN U.S.A. 500330-38575 FEBRUARY, 1985

DRS. ROBINSON, STRONG, YATES & WEBB, P.C.
 ADULT AND ADOLESCENT PRIMARY CARE
 INTERNAL MEDICINE
 SUITE 309
 1722 PINE STREET
 MONTGOMERY, ALABAMA 36194-2701

TELEPHONE
 (205) 262-0342
 NIGHTS 293-8000

PHILLIP R. ROBINSON, M.D.
 PAUL L. STRONG, M.D.
 GLENN A. YATES, M.D.
 JAMES T. McLAUGHLIN, M.D.
 JEANNINE N. SMITHERMAN
 Practice Manager

TO WHOM IT MAY CONCERN:

John W. Hooper is under my care for illness.
 He/She may return to work/school on 8-15-90.

Regular Activity
 Activity as patient tolerated
 Restricted activity until _____.

John T. McLaughlin, M.D.
 Drs. Robinson, Strong, Yates & McLaughlin

Date 8-14-90

John W. Hooper

Under my care from 07 May to 11 May 90

return to work/school on

terminal pain, diagnosis of unknown

up too ill to work these days.

My 04 May 1990 SAW DR MARK ANDERSON 09 MAY 90

Address 5. Ripley St. Phone 264-9739Date 11 May 90, Inc. - Carolina, Puerto Rico 00630
Lilly and Company - Indianapolis, Indiana 46285

60-CR-0131-1 PRINTED IN U.S.A. 500330-38575 FEBRUARY, 1985

to return to work or school

John W. Hooper

Under my care from _____ to _____

return to work/school on

pt saw me in the office

Anderson 288-2900 Phone 288-290055 E. 8th Blvd 5-9-90 Date 5-9-90es, Inc. - Carolina, Puerto Rico 00630
Eli Lilly and Company - Indianapolis, Indiana 46285

60-CR-0131-3 PRINTED IN USA 700955-1187100

GEOFFREY W. DAUGHERTY, M.D. Phone _____
Address 1722 Pine St. Suite 903 Date 36106-4103

Remarks _____

and is able to return to work/school on 11-10-90has been under my care from 4-19-92 to 4-15-92Mrs. John Hooper M.D.

Certificate to return to work or school

Certificate to return to work or school

Mr. _____
Mrs. _____
Mrs. _____

John W. Hooper

has been under my care from 03 May 1990 to 04 May 1990and is able to return to work/school on 05 May 90Remarks Has normal, abdominal painDr. Aubrey Stabler M.D. Phone 264-9739Address _____ Date 04 May 90Eli Lilly Industries, Inc. - Carolina, Puerto Rico 00630
A Subsidiary of Eli Lilly and Company - Indianapolis, Indiana 46285

60-CR-0131-1 PRINTED IN U.S.A. 500330-38575 FEBRUARY, 1985

STABLER CLINIC, P.A.

May 1, 1990

has been under my care and will be able

to return to work on May 3, 1990D. Aubrey Stabler M.D.

Excuse April 30, 1990

s: John W. Hooper

been under my care from 08 Jan 90 to 09 Jan 90

is able to return to work/school on 10 Jan 90

marks Severe, influenza

John W. Hooper Phone 264-9739

ess 303 S. Ripley St Suite 4000 Date 08 Jan 90

 DISTA PRODUCTS COMPANY, DIVISION OF
ELI LILLY AND COMPANY • INDIANAPOLIS, INDIANA 46285

60-WJ-0495 PRINTED IN U.S.A. 600774-780:00 JUNE, 1980

Certificate to return to work or school

John W. Hooper

been under my care from 28 Mar 90 to

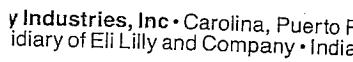
is able to return to work/school on 30 Mar 90 (I hope)

marks Has severe febrile

illness with vomiting, etc

John W. Hooper Phone 264-9739

ess 303 S. RIPLEY St Date 28 Mar 90

 Industries, Inc • Carolina, Puerto Rico 00630
Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-3 PRINTED IN USA 700955-1187100

Medically Excused Absence

is to confirm that

John W. Hooper

Certificate to return to work or school

s: John W. Hooper

is been under my care from

is able to return to work/school on

marks

Was in our office all
day

John W. Hooper Phone 281-6327

Date 4/17/90

Carolina, Puerto Rico 00630
Company • Indianapolis, Indiana 46285

60-CR-0131-3 PRINTED IN USA 700955-1187100

been under my care

(Left) unilateral weakness / dizziness

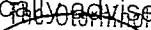
caused from medication

4-17-90 to 4-23-90

turn to work on 4-24-90

patient's absence was medically advised

John W. Hooper

 ENT/Medical/Surgical Associates P.C.

Drs. Holding, Love, & Sawyer

2173 Normandie Drive

PER.FORM 30a
10/22/02

EMPLOYEE COMMENDATION RECORD

EMPLOYEE:

Hooper, John

POSITION: Auto Mechanic - Small

SUPERVISOR:

Reynolds, Rayce

DEPT: Gas Engine

DATE OF COMMENDATION:

9/11/03

Fleet Management

REASON FOR COMMENDATION: (Description of performance or conduct - give specific facts, background information, dates and times)

John is a highly talented small equipment repairman. His efforts keep city equipment, from weed eaters to farm tractors, working properly. He is equally qualified on both gasoline and diesel powered equipment. His efforts on both police department and emergency management projects produced great results that were both on time and at the least possible cost.

Rayce W. Reynolds

Supervisor

9/11/2003

Date

9/11/2003

(Month Day Year)

My signature indicates that the above matters were discussed with me on

and that I received a copy of this form.

John Hooper

Employee Signature

PREPARED: 8/15/03
PROGRAM: PAYROLL

CITY OF MONTGOMERY MERIT INCREASE

FROM: 08/12/03 TO: 08/25/03 PAYABLE DATE: 10/03/03

DEPARTMENT: 44 CG GARAGE

LAST NAME	ISSN	CURRENT PAY PERIOD	NEW PAY PERIOD
FIRST	POSITION	PAY PERIOD DATE	PAY PERIOD DATE
MI	PAY EPIC	1STP ANNUAL	1STP ANNUAL
	GRADE		
	ISCH HOURS	/	/
HOOPER	421-90-0925	10 16.6495 4/25/03	11 17.6957 5/25/04
JEROME	5243	1,331.96	1,367.66
	EX	34,630.96	35,559.06
	SO9		
	20		

THIS EMPLOYEE IS RECOMMENDED FOR A MERIT INCREASE.

MERIT INCREASE NOT RECOMMENDED AT THIS TIME.

COMMENTS: John Hooper is a highly qualified small engine equipment technician. His efforts keep the City's small equipment in tip-top mechanical condition. He has earned this increase.

DATE: 15 Sept 2003 APPROVED: DEPARTMENT HEAD

Sept 15-03

APPOINTING AUTHORITY

9/17/03

PERSONNEL OFFICER

Joseph Goldin

Tom Dyer

Dolan J. McManam

FORM 50

REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE

Employees who have worked for at least 1,250 hours during the 12-month period immediately prior to the request for leave are eligible for leave.

Name: John Hooper

Employee Number: 7347

Department: Garage Dept.

Hire Date: Sept 25 1984

TYPE OF LEAVE REQUESTED

(check one box)

Employee Medical Leave of Absence
 Extension of Employee Medical Leave of Absence
Dates of prior approved Medical Leave are:

Dates of prior approved Medical Leave are:

Family Medical Leave of Absence

Family Medical Leave of Absence

Extension of Family Medical Leave of Absence

Dates of prior approved Family Medical Leave are:

Dates of prior approved family Medical Leave

toc

Leave to care for newborn or adopted child placed (via state procedures) for foster care

The Leave (or extension) requested will begin on 1/9/04 and end on 4/2/04. If the request is for multiple days off for recurring medical treatments of a child, parent, or spouse, or for your own medical treatments, specify dates requested:

REASON FOR LEAVE

I request a family leave of absence for the following reason:

(Check one box)

- My personal serious health conditions
- Birth of my child
- Adoption of a child by me
- Placement (by the state) of a child with me for foster care
- Serious health condition of my child
- Serious health condition of my parent
- Serious health condition of my spouse

EMPLOYEE SIGNATURE

FORM 51 PER

Leave Certification Requirements

(Check as appropriate)

SECTION I

To request leave for the care of a child, parent, or spouse
with a serious health condition.

I have attached a certification from the health care provider who is treating my child, parent, or spouse. The certification includes the following:

1. The date on which the condition commenced
2. The probable duration of the condition
3. The appropriate medical facts within the knowledge of the health care provider regarding the condition
4. An estimate of the time needed to care for the individual involved (including any recurring medical treatment)
5. A statement that the condition warrants my participation to provide care.

SECTION II

To request leave for the care of any employee's personal serious health condition. The certification includes the following:

I have attached certification from the health care provider who is treating my own serious health condition. The certification includes the following:

1. The date on which my condition commenced
2. The probable duration of my condition
3. The appropriate medical facts within the knowledge of the health care provider regarding my condition.
4. A statement that am I unable to perform the functions of my position due to my condition

SECTION III

Additional certification requirements for intermittent leave or for leave on a reduced leave schedule

In addition to the foregoing certifications from the health care provider involved, I have attached additional information from the health care provider as stipulated below:

FORM 51 PER

A. Leave for the employee

1. A statement of medical necessity for my intermittent leave or reduced leave schedule and the expected duration of my schedule.
2. A listing of the dates of my planned medical treatment and the duration of the treatment(s).

B. Leave to care for a son, daughter, spouse or parent who is seriously ill.

1. A statement attesting to the necessity for intermittent leave or reduced leave for me to provide care or to assist in their recovery.
2. An estimate of the expected duration and schedule of my intermittent reduced leave.

I certify by my signature that I have read and understand the organization's certification policy.

Date: 1/9/04 Name (Print) JOHN AL HOOPER
Employee Number: 397 Name (Sign) John Hooper

FORM 55 PER
(WH-381)EMPLOYER RESPONSE TO EMPLOYEE
REQUEST FOR FAMILY OR MEDICAL LEAVE
(Family and Medical Leave Act of 1993)

(DATE) 5/16/96

TO: John W. Hooper
(Employee's Name)FROM: City Shops Department, Terry H. Gaddis, Director
(Name of appropriate employer representative) *JH*

SUBJECT: Request for Family/Medical Leave

On 5/16/96, you notified us of your need to take family/medical leave due to:
(date)

the birth of a child, or the placement of a child with you for adoption or foster care; or

a serious health condition that makes you unable to perform the essential functions of your job; or

a serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

You notified us that you need this leave beginning on 5/16/96 and that you expect leave to continue until on or about unknown date.
(date)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. You are eligible not eligible for leave under the FMLA.
2. The requested leave will will not be counted against your annual FMLA leave entitlement.
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (insert date) (must be at least 15 days after you are notified of this requirement) or we may delay the commencement of your leave until the certification is submitted. *as required by City Shops Department*

4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We will will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (Explain)

exhaust accrued leave before LWOP

5(a). If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you and it is agreed that you will make premium payments as follows: (Set forth dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)

Contact Risk Mgt. Dept. for arrangements if your check does not cover the employee portion of your premiums

(b). You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We will will not pay your share of health insurance premiums while you are on leave. See S(a)

(c). We will will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you will will not be expected to reimburse us for the payments made on your behalf.

6. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

7(a). You are are not a "key employee" as described in §825.218 of the FMLA regulations. If you are a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. n/a

(b). We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. (Explain (a) and/or (b) below. See §825.219 of the FMLA regulations.)

n/a

8. While on leave, you will will not be required to furnish us with periodic reports every _____ (indicate interval of periodic reports, as appropriate for the particular leave situation) of your status and intent to return to work (see §825.309 of the FMLA regulations). If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report for work.

9. You will will not be required to furnish recertification relating to a serious health condition. (Explain below, if necessary), including the interval between certifications as prescribed in §825.308 of the FMLA regulations.)

MEMORANDUM

TO: Mr. John Hooper

FROM: Mr. Terry H. Gaddis, Director
City Shops Department

DATE: 15 May 2002

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21 – Care and Maintenance of Department vehicles.

The following Compressor(s), 4800-258, are being assigned to you as primary provider for care and maintenance, effective 15 May 2002. The unit(s) assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal, knobs, tire pressure, wiper blades, upholstery, exterior and interior cleanliness, lights, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should, during the course of a follow-up inspection by the Director, Assistant Director or Foreman, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held peculiarly liable for the cost to repair or replace the items. Therefore, it is in your best interest to carefully inspect the vehicle/unit assigned to you and have any discrepancy repaired.

Additionally, a checklist is available in the Vehicle Administration Office, which will be used during your inspection. This checklist will be turned-in to your Foreman upon completion of your inspection/work. After the Foreman's review, he will forward the checklist to the Assistant Director for his review prior to filing by the clerk. If discrepancies are found during your inspection, the Foreman will forward a copy of the checklist to the Production Controller so a repair order can be initiated to make repairs. The day of the week you make your inspection is an individual choice; however, if you are not the primary operator of the vehicle, coordinate the time and availability with the primary operator. A vacuum cleaner is available outside the paint booth for keeping the interior of the vehicle clean – use it.

The Foreman of your Division will randomly inspect this vehicle to ensure compliance. Our vehicles are very expensive and essential for accomplishing the mission of our Department, so take the pride and responsibility in maintaining your assigned vehicle to the highest standards.

cc: Mr. Royce Albright, Foreman
Auto Light Equipment Division

M E M O R A N D U M

TO: Mr. John W. Hooper #397

FROM: Mr. Terry H. Gaddis, Director
City Shops Department

DATE: 22 December 1998

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21--Care and Maintenance of Department vehicles.

The following Vehicle(s), 4800-019, is being assigned to you as primary provider for care and maintenance, effective 22 December 1998. The unit(s) assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, tire pressure, wiper blades, upholstery, exterior and interior cleanliness, lights, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should, during the course of a follow-up inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held peculiarly liable for the cost to repair or replace the items. Therefore, it is in your best interest to carefully inspect the vehicle/unit assigned to you and have any discrepancy repaired.

Additionally, a checklist is available in the Administration Office, which will be used during your inspection. This checklist will be turned-in either to the Director or Assistant Director upon completion of your inspection/work. Day of the week is an individual choice; however, if you are not the primary operator of the vehicle, coordinate the time and availability with the primary operator. A vacuum cleaner is available outside the paint booth for keeping the interior of the vehicle clean --use it.

The Foreman of your Division will also inspect this vehicle to ensure compliance. Our vehicles are very expensive and essential for accomplishing the mission of our Department, so take the pride and responsibility in maintaining your assigned vehicle to the highest standards, and let's set a goal to ensure our City Shops vehicles "OUTSHINE" all other Departments!

cc: Mr. Thessalonia Kendrick, Foreman
Auto Cycle Division

MEMORANDUM

TO: Mr. John W. Hooper #397

FROM: Mr. Terry H. Gaddis, Director
City Shops Department

DATE: 21 March 1994

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21-- Care and Maintenance of Department vehicles.

The following Vehicle, 4800-019 is being assigned to you effective 21 March 1994, for care and maintenance. The unit(s) assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, tire pressure, wiper blades, upholstery, exterior and interior cleanliness, lights, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should during the course of a follow-up inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held peculiarly liable for the cost to repair or replace the items. Therefore, it is in your best interest to carefully inspect the vehicle/unit assigned to you and have any discrepancy repaired.

Additionally, a checklist is available in the Administration Office, which will be used during your inspection. This checklist will be turned-in either to the Director or Assistant Director upon completion of your inspection/work. Day of the week is an individual choice; however, if you are not the primary operator of the vehicle, coordinate the time and availability with the primary operator. A vacuum cleaner is available outside the paint booth for keeping the interior of the vehicle clean -- use it.

The Foreman of your Division will also inspect this vehicle to ensure compliance. Our vehicles are very expensive and essential for accomplishing the mission of our Department, so take the pride and responsibility in maintaining your assigned vehicle to the highest standards, and let's set a goal to ensure our City Shops vehicles "OUTSHINE" all other Departments!

cc: Mr. Robert F. Wade, Foreman
Auto/Light Truck Division

/mbl

M E M O R A N D U M

TO: Mr. John W. Hooper #397

FROM: Mr. Donald R. Hayes, Director
Garage Department

DATE: 25 January 1989

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21 - Care and Maintenance of Garage Department vehicles.

The following vehicle/units 4800-019 is being assigned to you effective 25 January 1989 for care and maintenance. The unit assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, wiper blades, upholstery, interior cleanliness, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should during the course of an inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held pecuniarily liable for the cost to repair or replace the items. Therefore, it behooves you to inspect the vehicle/unit assigned to you and have any discrepancy repaired.

In addition, a checklist is available in the Administration Office which shall be complied with at least weekly. This checklist will be turned-in either to the Director or Assistant Director on a weekly basis. Day of the week is an individual choice. A vacuum cleaner is available in the Tool Room for keeping the interior of the vehicle clean. You are strongly encouraged to use it.

The Foreman of your Division is also herewith instructed to inspect this vehicle/unit to ensure compliance. Should repeat discrepancies occur, necessary administrative action shall be taken.

cc: Mr. Robert F. Wade, Foreman

Personnel Folder

MEMORANDUM

TO: Mr. John W. Hooper #397

FROM: Mr. Donald R. Hayes, Director *D. Hayes*
Garage Department

DATE: 02 May 1988

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21 - Care and Maintenance of Garage Department vehicles.

The following vehicle/units 4800-019/025 is being assigned to you effective 02 May 1988 for care and maintenance. The unit assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, wiper blades, upholstery, interior cleanliness, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should during the course of an inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held pecuniarily liable for the cost to repair or replace the items. Therefore, it behooves you to inspect the vehicle/unit assigned to you and have any discrepancy repaired.

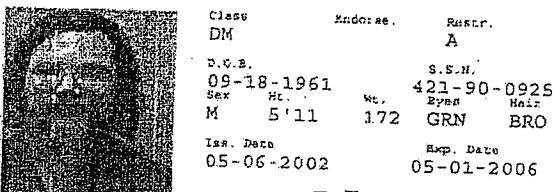
In addition, a checklist is available in the Administration Office which shall be complied with at least weekly. This checklist will be turned-in either to the Director or Assistant Director on a weekly basis. Day of the week is an individual choice. A vacuum cleaner is available in the Tool Room for keeping the interior of the vehicle clean. You are strongly encouraged to use it.

The Foreman of your Division is also herewith instructed to inspect this vehicle/unit to ensure compliance. Should repeat discrepancies occur, necessary administrative action shall be taken.

cc: Mr. Robert F. Wade, Foreman

Alabama Temporary -- Driver License
3964706

JOHN WEST HOOPER
3555 US HWY 31
LETOHATCHEE AL 36047



Class DM
Operator Motorcycle

Restrictions
Corrective Lenses

Endorsements

This temporary license is valid until 07/05/2002. Your new license
will be mailed to you. If you do not receive your license within
60 days write: Information Services, P.O. Box 1471, Montgomery, AL
36102-1471 or telephone 334-242-4409.
043X084

This is to acknowledge that I attended the City of Montgomery's **Harassment in the Workplace** Training class at the Montgomery Civic Center and that I received a copy of Montgomery's Harassment Policy, which I have read and understand.



Signature

2-25-02

Date

MEMORANDUM

TO: Priscilla Williams
Insurance Clerk

FROM: Darlene Parker
City Shops Department

DATE: 9 November 2000

RE: Employees' Change of Address for
Blue Cross/Blue Shield Insurance Records

The following employees had a change of address and their Blue Cross/Blue Shield information needs to be updated to reflect this change so their insurance claims report will go to their correct address. Thank you for your assistance, and if you need additional information, call me at 2509.

<u>Name</u>	<u>Social Security #</u>	<u>New Address</u>
James K. Barnes	420-76-7898	725 Persons Drive Santuck, AL 36092
John Hooper	421-90-0925	3555 U. S. Highway 31 Levhatchee, AL 36047

/dp

MEMO

To: All City Employees

From: F. Tim McCollum *FTM*
City Attorney

Subject: Ethics Code Violations

Date: June 10, 1998

To reiterate - The City of Montgomery's policy towards employee Ethics Code violations is as follows:

"No public official or public employee shall use or cause to be used equipment, facilities, time, materials, human labor, or other public property under his or her discretion or control for the private benefit or business benefit of the public official, public employee, any other person . . ." §36-25-5(c) Code of Alabama, 1975.

Every employee of the City of Montgomery is a "public employee". Every employee is entrusted by the taxpayers of this city with the responsibility of carrying on business beneficial to the taxpayer. If an employee uses city/taxpayer time, equipment, facilities, materials, his or her work time, someone else's work time, or other public property for personal gain, that employee is guilty of violating the above quoted section. Summed up, the employee cannot use any City equipment to make money or gain a personal benefit. Any employee who engages in the activities described above will be subject to severe disciplinary action in addition to any prosecution by the Alabama Ethics Commission.

FTMcC/mwf

On this the 11 day of June, 1998, I have read the above memorandum and I understand the same.

John P. Hogan
Employee's Signature
Garage Department

CITY AND COUNTY OF MONTGOMERY

PERSONNEL DEPARTMENT

P.O. BOX 1111

MONTGOMERY, ALABAMA 36101-1111

BARBARA M. MONTOYA

PERSONNEL DIRECTOR

KAREN B. CASON

ASSISTANT PERSONNEL DIRECTOR

TELEPHONE: 205-241-2875

FAX: 205-241-2218

November 9, 1993

PERSONNEL BOARD
MR. JOHN J. BOGG, JR., CHAIRMAN
MR. C. LAMAR CHAMPION
MR. EDWARD F. CROWELL

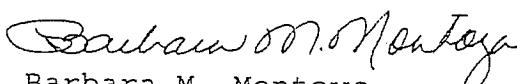
Mayor Emory Folmar
City Hall
103 N. Perry Street
Montgomery, Alabama

Dear Mayor Folmar:

The Personnel Board asked me to advise you that they approved your request to adjust the salary range for Auto Mechanic-Small Gas Engine (5243) from \$21,670/\$27,630 to \$21,670/\$28,625.

If I can be of further assistance, please let me know.

Yours truly,



Barbara M. Montoya
Personnel Director

cc: Mr. Jim Buckalew
Mr. Don Hayes

PERSONNEL DEPARTMENT
RECOMMENDATION FOR PERSONNEL ACTION

Department/Division	CITY SHOP		Date	10/5/2002	
Name of Employee	JOHN W HOOPER		Effective Date	10/11/2002	
Social Security #	421-90-0925	Classification	AUTO MECHANIC - SMALL GAS ENG	Job Code	5243

Item 2 requires the signature of both department heads.

Items 2, 3, 4, 5, 6, 15 require approval of Personnel Director before action is official. Items 3, 4, 5, 7 must have copy of letter to employee attached. Item 8 should have copy of letter of resignation.

1. Transfer within department	()	9. Retirement	()
2. Transfer to another department	()	10. Separation by death	()
3. Demotion	()	11. Expiration by Temporary Appointment	()
4. Layoff	()	12. Return Leave Without Pay	()
5. Dismissal	()	13. Return from Military Leave	()
6. Leave without pay	()	14. Change of Name	()
7. Suspension	()	15. Change in Salary	(x)
8. Resignation	()	16. Change in Title	()

ITEMS AFFECTED BY ACTION	FROM	TO
--------------------------	------	----

Department
(Items 1 & 2)

Classification & Salary
(Items 1, 2, 3)

Dates
(Items 6 & 7)

Name
(Item 14)

Amount	Pos/Grade/Step	5243	310	8	5243	S09	10
(Item 15)	Hrly/BW	16.1420	1,291.36		16.6495	1,331.96	
	Annual	33,575.36			34,631.00		

Other
(Item 16)

Funds are available

E. Lloyd Faucher

Date OCT - 9 2002

Disbursing Officer

Explanation and remarks (Give reason for any action which is not self-explanatory)

Employee warrants 1 step merit increase per rule 4 of new Pay Plan.

reinstate Merit date to 9-25-84 or

(Signed) 1.

Boyle J. Faucher

Date OCT - 9 2002

Appointing Authority

2.

Dirig H. Suddis

Date Oct 5, 2002

3.

Barbara M. Montague

Date

4.

Date OCT 16 2002

Personnel Director

C I T Y O F M O N T G O M E R Y

GARAGE DEPARTMENT

Payroll Deduction Authorization

TOOL CONTRACT
V-016

I, John W. Hooper,
(Name - please type)
S. S. #421-90-0925, do hereby
authorize my employer to deduct \$ 20.00
(minimum - \$20.00)
from my pay until a total of \$ 2,614.90
is attained. Beginning this date: May 16 1985.

SIGNED :



C I T Y O F M O N T G O M E R Y

GARAGE DEPARTMENT

Payroll Deduction Authorization

TOOL CONTRACT

V-016

I, John W. Hooper,

(Name - please type)

S. S. # 421-90-0925, do hereby

authorize my employer to deduct \$ 20.00
(minimum - \$20.00)

from my pay until a total of \$ 2,773.40

is attained. Beginning this date: February 7 1985.

SIGNED: John Hooper

DATE: 20 Sep 1996

TO: Mr. John Hooper #397

SUBJECT: Assigned Duty Hours

1. Effective 20 Sept. 1996, you are hereby assigned the following duty hours. You are to report to work no later than 0630 hours, Monday through Friday. You will have a ONE HALF HOUR LUNCH PERIOD, which is to be coordinated with your supervisor. Your duty period ends at 1500 hours.
2. Holidays and weekend overtime may have different working hours. Weekend or holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work, plus their work hours.
3. Your assigned duties are: AUTO MECHANIC - SMALL GAS ENGINE. From time to time your duty assignment may be changed due to Departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following....."They are intended to indicate the kinds of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."
4. Mr. KENDRICK, your supervisor, will outline your specific duties.



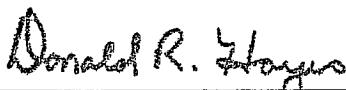
Terry H. Gaddis, Director
City Shops Department

TO: Mr. John W. Hooper #397

SUBJECT: Assigned Duty Hours

Personnel File

1. Effective 25 March 1991 you are hereby assigned the following duty hours. You are to report to work no later than 0630 hours, Monday through Friday. You will have a Thirty (30) minute lunch period which will be coordinated with your supervisor. Your duty period ends at 1500 hours.
2. Holidays and weekend overtime may have different working hours. Weekend and holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work plus their work hours.
3. Your assigned duties are Automotive Mechanic --- Automotive/Light Truck Division From time to time your duty assignment may be changed due to departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following "They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."
4. Mr. Robert F. Wade, your supervisor, will outline your specific duties.



Donald R. Hayes, Director
City Shops Department

Date 10 September 84To: Mr. John W. Hooper #397*Personnel File*

Subject: Assigned Duty Hours

1. Effective 25 September 1984, you are hereby assigned the following duty hours. You are to report to work no later than 7:00 a.m. Monday through Friday. You will have a Hour Day Day 30-minute lunch/dinner period which will be coordinated with your supervisor. Your duty periods ends at 3:30 p.m.
2. Holidays and weekend overtime may have different working hours. Weekend and holiday work schedules will be posted near the time clock reflecting the individuals schedule for work plus their work hours.
3. Your assigned duties are Automotive Mechanic/Auto - Light Truck Division. From time to time your duty assignment may be changed due to departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following"They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under his supervision."
4. Mr. William C. Coker, your supervisor, will outline your specific duties.

*Donald R. Hayes*Donald R. Hayes, Director
Garage Department

FORM 5

Submit in Triplicate

CITY AND COUNTY OF MONTGOMERY
PERSONNEL DEPARTMENT
PERSONNEL REQUISITION, CERTIFICATION, AND APPOINTMENT

REQUISITION

To: Personnel Department

Date August 27, 1984

Please certify the names of persons eligible for the following position:

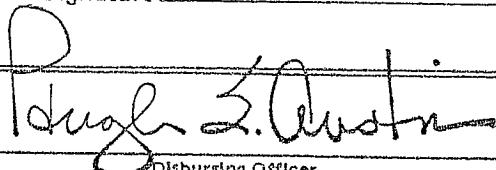
Title	Compensation	Temporary	Permanent
Auto Mechanic (Small Gas Engine)	\$13,879 533.80 6.6725		

(X) Replacement of Dennis K. Howsmon

() New Position

Date _____ Signature _____

Appointing Authority



Funds are available _____

Date SEP 6 1984

Disbursing Officer

CERTIFICATION TO:**GARAGE & SHOPS**

In response to your request, the names of the following persons who are eligible for appointment are hereby certified. In making appointments, it is advisable, though not essential, that you interview all eligible persons certified.

Name	Address	Phone	Age	Grade
------	---------	-------	-----	-------

APPOINTMENT

TO: Personnel Department

From Garage

Department

From the certification above, the following person has been appointed:

Name	Effective Date	Temporary	Permanent
------	----------------	-----------	-----------

John W. Hooper

25 September 84

XX

Appointed by Emily JohnsonDate SEP 07 1984

Appointing Authority

Donald R. HayesDate 6 September 84

Department Head

Approved by Barbara M. Montoya

Date

9/7/84

Personnel Director

SECTION A

(ITEM 16) IF ACTION IS RE-EMPLOYMENT, DOWNGRADE (B/W TO WKLY), UPGRADE (WKLY TO B/W), OR TEMPORARY TO PERMANENT STATUS, COMPLETE SECTION B INSTEAD OF SECTION A.

DEPARTMENT/DIVISION NUMBER _____ EMPLOYEES' NAME _____

EFFECTIVE DATE _____ / _____ / _____ (MO./DA./YR.) SOCIAL SECURITY NUMBER _____ / _____ / _____

CURRENT CLASSIFICATION & SALARY (ITEMS 1, 2, & 3) JOB CODE _____ PAY RANGE _____ STEP _____

ITEM 15) NEW HOURLY RATE \$ _____ REVIEW DATE FOR NEXT PAY INCREASE _____ / _____ / _____ (MO./DA./YR.)

ITEM 3, 16 on FORM 10, PROMOTION on FORM 5)

NEW JOB CODE _____ NEW PAY RANGE _____ NEW STEP _____ REVIEW DATE FOR NEXT PAY INCREASE _____ / _____ / _____
MO. DA. YR.

IF ACTION IS INVOLVING A PAY OUT ON PAYROLL:

AS EMPLOYEE ADVANCED WORK TIME ON 4/15/83 B/W OR 4/8/83 WKLY PAYROLL? YES () NO ()

IF YES: HOW MANY HOURS WERE ADVANCED: _____ HRS. AFTER TIME USED ON FINAL TIME SHEET, PAY REMAINING LEAVE BALANCES AS FOLLOWS: ANNUAL LEAVE HOURS: _____
SICK LEAVE HOURS: _____ (% ACCRUED)

1ST DAY IN PAY STATUS _____ / _____ / _____ (MO./DA./YR.) COMPENSATORY HOURS: _____
TOTAL LEAVE HOURS: _____

SECTION B

SUBMIT IN TRIPPLICATE WITH FORMS 3, 5, 8, 9, & 40

DEPARTMENT/DIVISION NUMBER 4800 VERIFIED SOCIAL SECURITY NUMBER 421 / 90 / 0925

THE FOLLOWING PERSON HAS BEEN APPOINTED: TEMPORARY () PERMANENT (XX)

NAME: John W. Hooper EFFECTIVE DATE 9 / 25 / 84
FIRST INITIAL LAST
RENT ADDRESS Rt. 1, Box 122 CITY Fort Deposit MO. DA. YR.
STATE AL ZIP

AGE W SEX M MARITAL STATUS M NO. DEPENDENTS BIRTHDATE 9 / 18 / 61 (MO./DA./YR.)

HOURLY RATE \$ 6.6725 JOB CODE 5243 PAY RANGE 0280 STEP 1 REVIEW DATE FOR NEXT PAY INCREASE 9 / 24 / 85
MO. DA. YR.

WEEKLY () B/W (X) WILL ACCRUE LEAVE: YES (X) NO () WILL PAY RETIREMENT: YES (X) NO ()

SCHEDULED HOURS PER PAY PERIOD: 80.00 NON-SCHEDULED, PAY HOURS WORKED ONLY: YES () NO (X)

IS EMPLOYEE PREVIOUSLY EMPLOYED BY THE CITY OF MONTGOMERY: YES () NO (X)

YES: / WAS PAID: WKLY () B/W ()
DEPARTMENT DATE TERMINATED

MARKS:

APPLICATION FOR EMPLOYMENT
CITY AND COUNTY OF MONTGOMERY"An Equal Opportunity Employer
PERSONNEL DEPARTMENT
City Hall
Montgomery, Alabama 36192

	Accepted	Rejected
Cit		
Ed.		
Exp.		
Res		
Other		

CITY OF MONTGOMERY

AUTO MECHANIC (SMALL GAS ENGINES)

Title of Position:

Small Motors Mechanics

INSTRUCTIONS:
ALL BLANKS MUST BE
FILLED IN COMPLETELY

Name: (Type or print name):

Mr. John West Hooper Race W Age 22
Mrs. _____
Miss _____
Address Rt 1, Box 122 Ft Deposit Al. 36032 Tel. No. 227-8615
House No. _____ Street _____ State _____How long have you lived in Alabama immediately prior to date of application 22 M.Are you a U.S. citizen? YesDate of Birth 6-18-61 Place of Birth Huntsville Madison ALPERSONAL DATA: Height 6 ft in. Weight 175 lbs. What is the condition of your health? GoodMarital Status: Single Married Divorced Widowed Number of dependents under 18. _____Do you have any physical handicaps? No If so, attach a description to this application. Do you object to having your present employer questioned about your work? No. Have you ever been discharged or forced to resign from a position? No. If so, attach a complete explanation to this application. Have you ever been convicted of any law violation other than a minor traffic violation? No. If so, give name and location of court, date, nature of charge and disposition. _____SOCIAL SECURITY NO. 421-90-0925

EDUCATION	Circle Highest Grade you Completed	Date Completed
Grammar and High School	1 2 3 4 5 6 7 8 9 10 11 <input checked="" type="checkbox"/>	<u>1980</u>
College or University (name of schools)	1 2 3 4 5 6 7	Degrees
	Major	
Business, Trade or Correspondence School		
	Courses Studied	
List your professional certificate or license		

List three reliable persons, not relatives or employers, who know you well enough to give information about you:

	Address	Occupation
<u>Bill Skinner</u>	<u>Rt 1 Greenville 382-3162</u>	<u>Quality Inspector</u>
<u>Gary Mc Gough</u>	<u>Montgomery Cty Garage</u>	<u>Welder</u>
<u>Johnny Andrews</u>	<u>Greenville Andrews service station</u>	<u>Mechanic & owner</u>

WORK HISTORY

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you chaged jobs or your title changed should be listed as a separate period. Give complete information, especially about the kind of work you did. (Use extra sheet if necessary). Applicant must be specific and accurate in stating their experience and training for this position.

EMPLOYMENT RECORD: List all employment

Employment Dates	Occupation and Description of Duties	Employer's Name and Address	Salary Received	Reason for Leaving
ROM 79	Auto Mechanics	Bill Marman Pontiac	\$100.00	out of business
80	work on small motors and	Greenville		
OTAL MOS	2 yrs			
ROM 80	Auto Mechanics	Good year tire & rubber	\$135.00	out of business
81	work on small Motors and	Greenville		
OTAL MOS	Cars - tire changes, front end, tune up			
ROM 76	projectionist	K-12 theater	\$75.00	out of business
78	run projectors			
OTAL MOS				
ROM 80	Part time small motors	begin small motors	between \$50.00-\$100.00	
present	Mechanic	F+ 12 mos. 1/2 deposit		
OTAL MOS				
81	Computer operator	Boss I.T.C.	\$144.00	
present	running - Hewlett & Packard			
OTAL MOS	Computer Center			
ROM 82	Stock boy part time	Howards Brothers	\$100.00	quit
83	Assy tos + parts etc.			no more work
OTAL MOS	3			
ROM 68	work on Honda Motorcycles	work on the side		
present	and other Brands of	20 hr. weekly		
OTAL MOS	Chainsaws & lawnmowers	mostly work on Hondas & Suzukis		
ROM	Over haul & tune ups	and lawnmowers of B&G & Motors		
OTAL MOS				

6. Show other experience by using additional sheets.

I hereby certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. Any false statement may be cause for denying me the right to examination or employment.

Date 3/21/84

Signature

John Hooper

ITEM 16) IF ACTION IS RE-EMPLOYMENT, DOWNGRADE (B/W TO WKLY), UPGRADE (WKLY TO B/W), OR TEMPORARY TO PERMANENT STATUS, COMPLETE SECTION B INSTEAD OF SECTION A.

DEPARTMENT/DIVISION NUMBER _____ EMPLOYEES' NAME _____

EFFECTIVE DATE _____ / _____ / _____ (MO./DA./YR.) SOCIAL SECURITY NUMBER _____ / _____ / _____

CURRENT CLASSIFICATION & SALARY (ITEMS 1, 2, & 3) JOB CODE _____ PAY RANGE _____ STEP _____

ITEM 15) NEW HOURLY RATE \$ _____ REVIEW DATE FOR NEXT PAY INCREASE _____ / _____ / _____ (MO./DA./YR.)

ITEM 3, 16 on FORM 10, PROMOTION on FORM 5)

NEW JOB CODE _____ NEW PAY RANGE _____ NEW STEP _____ REVIEW DATE FOR NEXT PAY INCREASE _____ / _____ / _____
MO. DA. YR.

ACTION IS INVOLVING A PAY OUT ON PAYROLL:

IS EMPLOYEE ADVANCED WORK TIME ON 4/15/83 B/W OR 4/8/83 WKLY PAYROLL? YES () NO ()

YES: HOW MANY HOURS WERE ADVANCED: _____ HRS. AFTER TIME USED ON FINAL TIME SHEET, PAY REMAINING LEAVE BALANCES

AS, FOLLOWS: ANNUAL LEAVE HOURS: _____

SICK LEAVE HOURS: _____ (1/4 ACCRUED)

COMPENSATORY HOURS: _____

TOTAL LEAVE HOURS: _____

1ST DAY IN PAY STATUS _____ / _____ / _____ (MO./DA./YR.)

SUBMIT IN TRIPPLICATE WITH FORMS 3, 5, 8, 9, & 10

DEPARTMENT/DIVISION NUMBER 4800 VERIFIED SOCIAL SECURITY NUMBER 421 / 90 / 0925

THE FOLLOWING PERSON HAS BEEN APPOINTED: TEMPORARY () PERMANENT (XX)

NAME: John W. Hooper EFFECTIVE DATE 9 / 25 / 84

FIRST INITIAL LAST MO. DA. YR.

STREET ADDRESS Rt. 1, Box 122 CITY Fort Deposit STATE AL ZIP _____

AGE W SEX M MARITAL STATUS M NO. DEPENDENTS BIRTHDATE 9 / 18 / 61 (MO./DA./YR.)

HOURLY RATE \$ 6.6725 JOB CODE 5243 PAY RANGE 0280 STEP 1 REVIEW DATE FOR NEXT PAY INCREASE 9 / 24 / 85
MO. DA. YR.

WEEKLY () B/W (X) WILL ACCRUE LEAVE: YES (X) NO () WILL PAY RETIREMENT: YES (X) NO ()

SCHEDULED HOURS PER PAY PERIOD: 80.00 NON-SCHEDULED, PAY HOURS WORKED ONLY: YES () NO (X)

IS EMPLOYEE PREVIOUSLY EMPLOYED BY THE CITY OF MONTGOMERY: YES () NO (X)

YES: / WAS PAID: WKLY () B/W ()

DEPARTMENT DATE TERMINATED

MARKS:

NEW EMPLOYEE BRIEFING OUTLINE

The Employee Briefing Outline shall be completed for each new employee on his/her first day at work. In the space provided before each subject area, enter the briefer's man number when the action has been completed.

399 JOB DESCRIPTION REVIEWED399 PROBATION PERIOD399 HOURS, WORK WEEK, WEEKENDS399 TERMINATION399 OVERTIME, WHEN, PAY, COMP399 ATTENDANCE, PUNCTUALITY321 JOB EVALUATION - "THE SUPERVISOR"399 DRESS CODE399 PAY PERIODS, FIRST PAY DAY399 ORGANIZATIONAL STRUCTURE399 MERIT SYSTEM - PAY STEPS399 AUTO PARKING399 VACATIONS - HOLIDAYS321 LUNCH AREAS399 ANNUAL LEAVE - COMP TIME321 EMPLOYEE FUEL CARD - USE399 EMERGENCY LEAVE399 GAMBLING, DRUGS, WEAPONS399 CITY BENEFITS399 TELEPHONE CALLS, IN/OUT321 REST PERIODS399 USE OF CITY VEHICLE399 OPERATING INSTRUCTIONS321 INTRODUCTION TO CO-WORKERS399 DISCIPLINE321 TOUR OF FACILITY

I understand the above are general Garage Department guide lines and may be changed as business necessity requires. The above do not constitute a written contract and I understand my employment, and qualification thereof, must satisfy the City and County of Montgomery Personnel Board Rules and Regulations.

I acknowledge that the above subjects have been discussed.

John Hooper
Employee's signature

9-25-84
Date

JOHN W. HOOPER # 397

Donald R. Hays
Department Head
Date

William C. Coker
Supervisor's signature
Date

CHECKLIST FOR PROCESSING NEW EMPLOYEE

CONFIDENTIAL EMPLOYEE HISTORY FOLDER

COPY OF JOB DESCRIPTION

ASSIGNED DUTY HOURS FORM

ASSIGN TIME CARD (USE RADIO CALL/TOOL CHIT NUMBER)

(1) LOCATOR CARD*

21 3 x 5 CARDS (1 FOR ALPHABETICAL CARD FILE, 1 FOR MERIT INCREASE FILE)

N/A (1) W-4 FEDERAL TAX FORM*

N/A (1) A-4 STATE TAX FORM*

N/A (1) TRAVELER'S SUPPLEMENTAL INSURANCE CARD (YELLOW)

N/A (1) RETIREMENT MEMBERSHIP FORM

(1) PASS TO CITY LOT (NIGHT-DAY PHONE NUMBER)

N/A (1) BLUE CROSS HOSPITALIZATION APPLICATION CARD (WHITE)

N/A (1) EMPLOYEE ACTIVITY CARD (BLUE)

(1) BLUE CROSS BENEFITS BOOKLET

DRIVERS LICENSE NUMBER 311611101 EXPIRATION DATE 5-1-87

EMPLOYEE READS OPERATING INSTRUCTIONS AND SIGN OI CARD

CLOTHING SIZES: PANTS: W L ; SHIRTS:

PERSONNEL HISTORY FORM

N/A PAYROLL COMPUTER NEW HIRE INPUT FORMS

N/A PAYROLL COMPUTER INSURANCE HISTORY FORM

ADMINISTRATIVE OFFICE WILL CONTACT SAFETY SUPERVISOR AT EXT. 368 FOR EMPLOYEE TO BE SCHEDULED FOR CITY DRIVER'S LICENSE

EMPLOYEE IDENTIFICATION CARD FOR FUEL SYSTEM

Hooper, John W.
NAME

Auto Mechanic
POSITION

9-25-84
DATE PROCESSED

*Make 1 photocopy of each and place in Personnel Folder

TRAINING REPORT

NAME OF PURCHASER Garage/Public Works Facility ORDER DATE 10-19-94
 BUSINESS ADDRESS 934 North Ripley Street
 CITY Montgomery COUNTY Montgomery STATE AL ZIP 36106
 P.O. NUMBER _____ DATE SHIPPED 10-27-94

TO OPERATIONS MANAGER: Please assign the proper mechanics to the Sun Representative for familiarization training. When this has been completed, on each model, your signature is required, to confirm that these men have received this training.

MODEL	SERIAL NUMBER	DESCRIPTION	SIGNATURE
VAT-40	0790	VOLT AMMETER TESTER	
PTS-40	2378	PORTABLE ST. TESTER	
VAT-40	0864	VOLT AMMETER TESTER	
PTS-40	2377	PORTABLE ST. TESTER	

THE FOLLOWING MEN HAVE BEEN TRAINED:

MODELS TRAINED ON: VAT-40

DEPARTMENT:

Frank Williams, Tim Johnson, Ray Tamm, John C. Miller
and Trainer Dennis C. Miller

TRAINING DATES 16 NOV 84

TOTAL TRAINING TIME 1 HOUR

COMMENTS
ON TRAINING:

SUN SALES REPRESENTATIVE: FOR PROPER CREDIT, COMPLETED AND RETURN NO. 1 NO. 2 COPIES PROMPTLY TO YOUR REGIONAL SALES MANAGER

SUN REPRESENTATIVE William L. Lee

NO.

1	6	5	3	1
---	---	---	---	---

REGIONAL NUMBER 4013

ZONE NUMBER 761

REGIONAL SALES MANAGER John C. Miller

SEND NO.1 COPY TO SALES COMMISSIONS DEPT.

FINAL COPY DISTRIBUTION

NO. 1. TO SALES COMMISSION DEPT.	NO. 4. TO REG. SALESMGR. — "HOLD" COPY
NO. 2. TO REG. SALES MGR.	NO. 5. SALES REPRESENTATIVES COPY
NO. 3. TO CUSTOMER'S OPERATIONS MGR.	

DATA FOR PAY ROLL

J

1. NAME: Hooper, John H.
2. SOCIAL SECURITY NO. 4 2 1 7 4 1 1 1 1
3. HOME PHONE NO. 0 - - - - -
4. SPOUSE'S NAME: Donna Hooper
5. FATHER'S NAME: John Hooper
6. MOTHER'S MAIDEN NAME: Orel Blend
7. WORK ASSIGNMENT: 1000-1531 DATE: 6/24/07
8. DIVISION: AI
9. SHIFT: 1500-1531
10. DATE OF LAST PHYSICAL:
11. HEIGHT: FEET 6 INCHES 2 WEIGHT: POUNDS 190
12. BLOOD TYPE:

IN CASE OF EMERGENCY, NOTIFY:

1. NAME Hilda McGeough RELATIONSHIP 2
PHONE # 227-8615
OTHER #
2. NAME Orel Hooper RELATIONSHIP 1
PHONE # 882-3368
OTHER #

RELATIONSHIP CODES:

CODE	DESCRIPTION
A	AUNT
B	BROTHER
C	CHILD
F	FATHER
G	GUARDIAN
H	HUSBAND
M	MOTHER
O	OTHER
S	SISTER
U	UNCLE
W	WIFE

THIS CONTRACT VOIDS AND SUPERCEDES PREVIOUS CONTRACT DATED
FEBRUARY 7, 1985.

STATE OF ALABAMA)
COUNTY OF MONTGOMERY)

AGREEMENT

THIS AGREEMENT made this the 16th day of May,
1985, John W. Hooper, an employee of the
City of Montgomery, Department of Garage and Shops (hereinafter
referred to as "purchaser") and the City of Montgomery,
Alabama, a municipal corporation (hereinafter referred to as
"City") witnesseth:

WHEREAS, the City is desirous that its employees in the
Department of Garage and Shops purchase and retain ownership
of mechanics' tool sets so that said tools can and will be
used by such employees in carrying out their job with the
City; and

WHEREAS, the purchaser is a mechanic employed by the
City of Montgomery, Department of Garage and Shops and is
desirous of purchasing from the City of Montgomery a tool
set; and

WHEREAS, the purchaser intends and requests that the
City deduct a sum of \$20.00 bi-weekly from the purchaser's
accumulated wages until such time as the indebtedness, subject
to no interest, has been satisfied in the amount of \$2,614.90
dollars; and

WHEREAS, the purchaser understands that the tool set
and/or tools are not to be removed from the Garage and Shops
Department until the entire indebtedness has been satisfied;
and

WHEREAS, the superintendent of the Garage and Shops and/
or his representative shall from time to time conduct a
physical inventory of all tools; and

WHEREAS, if it is determined that any ~~item~~ such items shall be replaced at the expense of the purchaser; and

WHEREAS, in the event the purchaser's employment with the City of Montgomery is terminated either voluntarily or involuntarily before the indebtedness is satisfied, the tool set will be inventoried and any missing tools will be replaced from funds previously paid against the indebtedness by the purchaser and after the Superintendent of the Department of Garage and Shops is reasonably satisfied that all items have been replaced, the purchaser will be reimbursed the balance resulting from the sum total of his payments minus any deductions for the replacement of missing inventory; and

WHEREAS, if it is determined by the superintendent of the Department of Garage and Shops that the purchaser is undergoing a legitimate hardship and is unable to continue payment against his indebtedness for the tools he shall have the option of assigning the balance of the indebtedness with title to the tools to another employee of the Department of Garage and Shops willing to accept the indebtedness or he may assign the tools and the balance of the indebtedness back to the Department of Garage and Shops.

NOW THEREFORE, IN CONSIDERATION of \$2,614.90 Dollars, and other valuable consideration in hand paid by the purchaser and the City, the receipt and sufficiency of which is hereby acknowledged, it is understood and agreed by the parties as follows:

1. The purchaser shall be issued a set of tools with an inventory of said tools to be attached as Exhibit "A" and incorporated herein as a part of this agreement.
2. The purchaser hereby agrees to incur an indebtedness for such tools in the amount of \$2,614.90 Dollars and hereby authorizes the Department of Finance for the City of Montgomery

to deduct bi-weekly payments in the amount of (\$20.00) Twenty Dollars from his accumulated wages bi-weekly.

3. It is understood and agreed that until the indebtedness is satisfied the City of Montgomery shall retain complete ownership to all tools and the purchaser is responsible for any inventory loss.

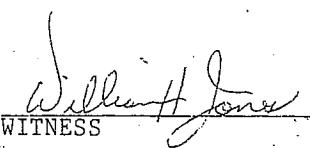
4. It is also understood and agreed that one of the purposes for the City of Montgomery to enter into this agreement is so that the employee will use the tools purchased under the agreement to fulfill his job with the City and that if the employee fails to use the tools accordingly prior to satisfying the indebtedness, this agreement is terminated and full possession of the tools reverts to the City.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date first above written.

WITNESS


John Hayes
Employee, Department of Garage
and Shops

WITNESS


William H. Jones
Donald R. Hayes
Donald R. Hayes, Superintendent
Department of Garage and Shops

STATE OF ALABAMA)

COUNTY OF MONTGOMERY)

AGREEMENT

THIS AGREEMENT made this the 7th day of February,
1985, John W. Hooper, an employee of the
City of Montgomery, Department of Garage and Shops (hereinafter
referred to as "purchaser") and the City of Montgomery,
Alabama, a municipal corporation (hereinafter referred to as
"City") witnesseth:

WHEREAS, the City is desirous that its employees in the
Department of Garage and Shops purchase and retain ownership
of mechanics' tool sets so that said tools can and will be
used by such employees in carrying out their job with the
City; and

WHEREAS, the purchaser is a mechanic employed by the
City of Montgomery, Department of Garage and Shops and is
desirous of purchasing from the City of Montgomery a tool
set; and

WHEREAS, the purchaser intends and requests that the
City deduct a sum of \$20.00 bi-weekly from the purchaser's
accumulated wages until such time as the indebtedness, subject
to no interest, has been satisfied in the amount of \$2,773.40
dollars; and

WHEREAS, the purchaser understands that the tool set
and/or tools are not to be removed from the Garage and Shops
Department until the entire indebtedness has been satisfied;
and

WHEREAS, the superintendent of the Garage and Shops and/
or his representative shall from time to time conduct a
physical inventory of all tools; and

WHEREAS, if it is determined that any items are missing, such items shall be replaced at the expense of the purchaser; and

WHEREAS, in the event the purchaser's employment with the City of Montgomery is terminated either voluntarily or involuntarily before the indebtedness is satisfied, the tool set will be inventoried and any missing tools will be replaced from funds previously paid against the indebtedness by the purchaser and after the Superintendent of the Department of Garage and Shops is reasonably satisfied that all items have been replaced, the purchaser will be reimbursed the balance resulting from the sum total of his payments minus any deductions for the replacement of missing inventory; and

WHEREAS, if it is determined by the superintendent of the Department of Garage and Shops that the purchaser is undergoing a legitimate hardship and is unable to continue payment against his indebtedness for the tools he shall have the option of assigning the balance of the indebtedness with title to the tools to another employee of the Department of Garage and Shops willing to accept the indebtedness or he may assign the tools and the balance of the indebtedness back to the Department of Garage and Shops.

NOW THEREFORE, IN CONSIDERATION of \$2,773.40Dollars, and other valuable consideration in hand paid by the purchaser and the City, the receipt and sufficiency of which is hereby acknowledged, it is understood and agreed by the parties as follows:

1. The purchaser shall be issued a set of tools with an inventory of said tools to be attached as Exhibit "A" and incorporated herein as a part of this agreement.
2. The purchaser hereby agrees to incur an indebtedness for such tools in the amount of \$2,773.40Dollars and hereby authorizes the Department of Finance for the City of Montgomery

to deduct bi-weekly payments in the amount of (\$20.00) Twenty Dollars from his accumulated wages bi-weekly.

3. It is understood and agreed that until the indebtedness is satisfied the City of Montgomery shall retain complete ownership to all tools and the purchaser is responsible for any inventory loss.

4. It is also understood and agreed that one of the purposes for the City of Montgomery to enter into this agreement is so that the employee will use the tools purchased under the agreement to fulfill his job with the City and that if the employee fails to use the tools accordingly prior to satisfying the indebtedness, this agreement is terminated and full possession of the tools reverts to the City.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the date first above written.

Cheryl Stephens

WITNESS

John Hayes

Employee, Department of Garage and Shops

William H. Jones
WITNESS

Donald R. Hayes
Donald R. Hayes, Superintendent
Department of Garage and Shops